

Washington D.O.

Summer 2013

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2013 Physician of the Year



Executive Director Kathie Itter presents H Ken Cathcart, DO the WOMA 2013 Physician of the Year award, an engraved crystal desk set.

At its annual awards banquet on June 29, 2013 the honor of WOMA Physician of the Year was bestowed upon H Ken Cathcart, DO.

When making this decision, the Board takes into consideration a number of qualities. Sometimes a physician is nominated by a patient, colleague or staff because of his or her caring nature and service above self. Sometimes a recipient is a leader of the profession that has served in one or several capacities over the years. Sometimes the recipient is an educator or a mentor, or in this year's case, both.

Dr. Cathcart is a 1984 graduate of the Philadelphia College of Osteopathic Medicine. He completed his internship and residency in Internal Medicine at Doctors Hospital in Columbus Ohio where he served as Chief Resident. His residency training was followed by an Endocrine/Metabolism fellowship from 1988-1990. He is certified by the American Osteopathic Board of Internal Medicine and is a Fellow of the American College Endocrinology.

To our benefit, he migrated to Washington in 1990 with his lovely wife and colleague, Sharon Cathcart, DO. They both joined WOMA in 1991.

Dr. Cathcart has earned several honors over the years, including Most Outstanding Pre-Medical Student, Resident of the Year and Outstanding Diabetes Educator for the State of Washington.

Before and after the presentation, audio testimonials were provided by former students Gelar Biscaro, DO, Austin Shelton, DO, Ashley Meganck, DO and Jonathan Pasma, DO. Dr. Pasma was actually in the process of moving across country from his internship to his residency. He went to a public library to send the following testimony to be played before Dr. Cathcart was announced as the recipient of the award: "This physician is a preceptor that truly inspired me in the midst of clinical rotations demonstrating a passion for teaching. This preceptor always took time to point out interesting physical exam findings or ask pertinent, thought provoking questions. Our daily conversations regarding my overnight reading always turned into lengthy discussions filled with "pearls and tidbits". It was the breadth & depth of our long discussions that ultimately caused me to realize that this physician's fund of medical knowledge might exceed the allotted capacity for a single individual. This physician is a role model, and the contributions to my medical education will be forever appreciated. "

Congratulations Dr. Cathcart!

"FUN" draising Abound in Yakima!

The Washington Osteopathic Foundation is the beneficiary of all proceeds raised at WOMA's 2013 Fall Seminar, "An Approach to Chronic Pain Utilizing OMT". The program, approved for 8 Category 1-A CME credits, will take place on Saturday, September 21 at PNWU in Yakima. Program Chair Harold Agner, DO has assembled an excellent program for honing OMT skills for managing chronic pain patients.

Don Woods, DO will start off the day with Myofascial Release, followed by Bill Powell, DO's Novel Approach to Cranial Screening and Treatment. Dr. Larry Lefors will continue with Strain/Counterstrain and Richard Koss, DO will cover LymphaticTreatment. MuscleEnergy will be presented by Dr. Lynda Williamson and Dr. Agner will complete the course with Appropriate Documentation and Coding: Getting Paid for What You Do.

The Foundation is grateful to the faculty for donating their time to enhance the proceeds for a depleting fund. If you are unable to participate in the seminar, but can help with a tax-deductible contribution, your donation may be made payable to WOF and sent to PO Box 16486, Seattle, WA 98116-0486.

Golfers are encouraged to come a day early and participate in the 6th Annual PNWU Golf Classic at the Yakima Elks Golf and Country Club on Friday, September 20th. Registration information is available on the PNWU website at www.pnwu.org or call JoAnne Hanses at 509-249-7734.



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WOMA Executive Committee

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The "Washington DO" is the official publication of the Washington Osteopathic Medical Association, published in February, May, August and November. Members are encouraged to submit articles for potential publication. Signed columns are, in all cases, the opinion of the author. For advertising information, please contact the WOMA executive offices at (206) 937-5358. Deadlines for ads and articles are the 10th of the month preceding the publication.

Meeting Notices

Friday, September 20, 2013 CME Committee 7pm

Saturday, September 21, 2013

WOF Board

5:30 p.m.

WOMA

Board Dinner

6:00 P.M.

All meetings take place at the PNWU Administration Bldg Second Floor 111 University Parkway Yakima

WOMA Welcomes New Members

At its quarterly meeting on June 27, 2013 the WOMA Board of Governors approved the following applications for membership:

Active

Rose-Marie Colombini, DO COMP'97 Jason Dreyer, DO KCOM'07 Mitchel Storey, DO PCOM'80 Christen Cage Vu, DO CCOM'00

Postgraduate

Gelar Biscaro, DO PNWU'13 Isaac Brauner, DO PNWU'13 Jessica Chan, DO PNWU'13 Rvan David, DO PNWU'13 David Escobar, DO PNWU'13 Julie Hamilton DO COMP'13 Vanessa Herring, DO LECOM'13 Jennifer Kohnlien, DO PNWU'13 Nathanial Lilya, DO AZCOM'13 Justin Medlock, DO PNWU'13 Michael Moore, DO PNWU'13 Brian Nelson, DO PNWU'13 Tricia Nielsen, DO AZCOM'09 Aaron Rhyner, DO PNWU'12 Caroline Roeder, DO PNWU'13 Austin Shelton, DO PNWU'13 Christine Wong, DO PNWU'13

Student

Rachael Banda PNWU'17
Annagreta Bowen, DMU'14
Courtney Certain, PNWU'17
Zachery Featherstone, PNWU'17
Wilfredo Henriquez, PNWU'17
Anna Kenney, PNWU'17
Carolyn Ranten, PNWU'17
Alexandra Ostromecki, PNWU'17
Justin Watkins, PNWU'17

2014 WOMA Leadership Elected

At its annual membership meeting on June 28, 2013, the WOMA membership elected its 2014 leadership. The Executive Committee will assume their duties on January 1, 2014 for a one-year term. Incoming President **Scott Fannin**, **DO**, will be making committee appointments and would like to hear from members who would especially like to serve on the Public Affairs (legislative) Committee and the CME Committee.

In addition to Dr. Fannin, the members of the 2014 Executive Committee are President-elect Harold Agner, DO, Vice President Michele Coleman, DO, Secretary Mark Hunt, DO, Treasurer Steven Leifheit, DO, and Immediate Past-President Marc Cote, DO.

Trustees elected to two-year terms commencing January 1, 2014 are District 1 Tom Harris, DO, District 2 Dan Wolf, DO, District 3 Rosemarie Colombini, DO, District 4 Amber Figueroa, DO and District 5 Lynda Williamson, DO. The Institutional Representative is Robyn Phillips-Madson, DO, and Student Representative is Patricia Egwautu, OMSII. AOA Delegates are Drs. Harold Agner, Paul Emmans Jr, Paul Emmans III, Lindy Griffin, David Lukens and Robyn-Phillips-Madson. Drs. Scott Fannin and Amber Figueroa were elected as alternate delegates.

Getting to Know You

WOMA is pleased to welcome the following new Active members:

Rose-Marie Colombini, DO graduated from COMP in 1997 and completed her family medicine training at San Bernardino County Medical Center//Arrowhead Regional Medical Center. She practices family medicine in Gig Harbor.

Jason Dreyer, DO is a 2007 graduate of KCOM. He completed his rotating internship at MSU Providence Hospital and Medical Center in Southfield MI in 2008 and a neurosurgery residency in 2013. He practices neurosurgery in Walla Walla.

Mitchel Storey, DO graduated from PCOM in 1980. He completed his internship at Community General Osteopathic Hospital in Harrisburg, PA and a sports medicine fellowship at The Sports Medicine Clinic in Seattle. He practices primary care sports medicine in Seattle.

Christen Cage Vu, DO is a 2000 graduate of CCOM. She served her internship at Genesys Regional Medical Center in Grand Blanc, MI and a family practice residency at University of Massachusetts. Her family medicine practice is in Tacoma.

PA Rules Amended

During the 2013 legislative session, the Washington State Legislature enacted Substitute House Bill 1737, which modifies the law governing physician assistants. You can find the new law at http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Bills/Session%20Laws/House/1737-S.SL.pdf

Under the new law, effective July 28, 2013:

- ♦ Practice arrangement plans will now be called delegation agreements;
- The Board of Osteopathic Medicine and Surgery may grant approval for a physician assistant to work in a remote site if there is a demonstrated need for the utilization, there is adequate provision for timely communication between the primary or alternate physician and the licensee exists; the supervising or sponsoring physician spends at least ten percent of the practice time in the remote site unless the physician demonstrates that adequate supervision is being maintained by an alternate method such as telecommunication;
- ♦ The names of the sponsoring or supervising osteopathic physician and the physician assistant must be prominently displayed at the entrance to the clinic or in the reception area;

- ♦ No physician assistant holding an interim permit may be utilized in a remote setting;
- An osteopathic physician may enter into delegation agreements with five physician assistants, but may petition the Osteopathic Board for a waiver of this limit. However, no osteopathic physician may have under his or her supervision more than three physician assistants who are working in remote sites or more physician assistants than the osteopathic physician can adequately supervise.
- ♦ The Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery, working in collaboration with a statewide organization representing the interests of physician assistants, shall adopt new rules modernizing the current rules regulating physician assistants and report to the Legislature by December 31, 2014.

The Medical Quality Assurance Commission and the Board of Osteopathic Medicine and Surgery will begin the process to adopt new rules shortly.

Should you have questions about this procedural change or the new law, please contact Brett Cain, Program Manager for the Board of Osteopathic Medicine and Surgery at brett.cain@doh.wa.gov or 360-236-4766.

Regence Audits Update

After considerable time spent by representatives of the AOA and the **Physicians** Osteopathic Surgeons of Oregon on behalf of several state osteopathic societies, including WOMA, Regence audits have stopped. All physicians that were requested to submit charts for an audit should have received a letter from Regence informing them of this decision. However, Regence reported a glitch in their automated letter system that has continued sending requests for payment recoupment. Regence Medical Director Casaba Mera, MD made it clear that Regence is not seeking any payment recoupments and confirmed all audits and current requests for refunds are terminated. Dr. Mera did not have an exact date

regarding how far they would go back with repayments, but said it would be at least through December 2012

Αt its meeting with representatives of the osteopathic profession, Dr. Mera proposed a follow-up letter to all DOs regarding their insurance audits. Review of the letter indicated it contained many inaccuracies and the AOA put together a detailed response with a list of what should be included in the letter. Dr. Mera stated that our concerns will be addressed. Regence made additional edits and just returned it to the AOA legal staff who is working on a response. WOMA will continue to track this issue.

Rx Law Change

Effective July 28, 2013, all Schedule III through V controlled substances must be dispensed pursuant to a written, oral, or electronically transmitted prescription. This law supersedes WAC 246-887-030, which allowed forthe dispensing of certain Schedule V substances without a prescription.

Except when dispensed directly by a practitioner authorized to prescribe or administer a controlled substance, other than a pharmacy, to an ultimate user, a substance included in Schedule III, IV, or V, which is a prescription drug as determined under RCW 69.04.560, may not be dispensed without a written, oral, or electronically communicated prescription of a practitioner. Any oral prescription must be promptly reduced to writing.

As mof July 28, 2013, the practice of providing certain C-V substances without a prescription will no longer be permitted (i.e. codeine containing cough syrups logged in exempt narcotic register)

License Fee Reduction Proposed

After continual urging from WOMA, the Department of Health has issued proposed rulemaking to reduce osteopathic licensing fees. Current licensing fees generate more revenue than needed to cover the full cost of administering the Board of Osteopathic Medicine and Surgery. The department is proposing to amend WAC 246-853-990 to reduce the initial application and license renewal fees by \$175, bringing each down from \$600 to \$425. This does not include the \$25 substance abuse monitoring surcharge or the \$16.00 UW online access (HEAL-WA) fee.

A hearing is scheduled for September 12, 2013 at 1:00 p.m. it the DOH office in Tumwater. The intended adoption date is October 1, 2013. Implementation is anticipated later this Fall.

Issue Update: Pharmacy Dispensing Concerns

As mentioned previously in an email to members, WOMA has become aware of physicians' complaints regarding the needless delay of patient access to time sensitive medications and is working with the AOA Division of State Government Affairs and Washington State Medical Association to alleviate this burden.

We have been made aware of complaints that certain large pharmacies (such as Costco, CVS, and Walgreens) will not fill prescriptions for controlled substances (all controlled substances, not just opioids) if the prescriber does not include certain information that is not usually required on a prescription, and which appears to exceed the statutory/ regulatory requirements in our state. For example, one pharmacy is requiring that the physician add: (i) the diagnosis code for the patient (ICD-9), not just the indication (such as "for low back pain); (ii) whether the condition is chronic; and (iii) when the patient is going to be seen again. We are aware of an anecdotal report of a pharmacy which would not fill a prescription for a hospice patient because they could not contact her physician to obtain such information. Patients are caught in the middle if their insurance requires them to use a particular pharmacy.

According to the local DEA office, the DEA is not mandating the new requirements – they just require compliance with their statutes and rules (which do not include the type of specific requirements the pharmacies are demanding). The local DEA is forwarding this issue to their national office in Virginia. Hopefully we will get notification of the official DEA position at some point in the future.

According to WOMA sources, the information requested by the pharmacies does not violate HIPAA requirements.

The executive director of the Washington State Board of Pharmacy has stated that they will investigate specific complaints filed with them. They cannot respond to general complaints about what's happening. So if you experience particularly egregious problems, you can file a complaint along with the details with the Board of Pharmacy. Information and forms are on their website at http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility.aspx

WOMA is working with the WSMA and AOA to collect information from Washington physicians. If you have experienced this problem, please send the details* or copy of your complaint to kitter@woma.org or Nick Schilligo, Director of AOA State Government Affairs, at nschilligo@osteopathic.org.

(*Name of pharmacy/pharmacist, extra information required for controlled substance prescriptions, reason given for requiring additional information, did you comply?, if not, what was the result?)

Non-participation in 2013 PQRS Program will Result in 2015 Penalty

The Centers for Medicare and Medicaid Services (CMS) Physician Quality Reporting System (PQRS) offers incentives and, starting in 2013, future penalties to encourage physicians and other professionals to report quality measure data to CMS.

Register for the AOA's Clinical Assessment Program (CAP) for PQRS to easily submit your data, earn your bonus, and avoid the penalty.

What you should know:

- ♦ In 2013, there will be an incentive payment of 0.5% for physicians and group practices who participate successfully in the PQRS.
- ♦ 2013 is the second-to-last year an incentive will be available.
- Physicians and other eligible professionals who don't participate in the PQRS in 2013 will be subject to a 1.5% penalty, which will be applied to physician payments in 2015.

♦ In 2016 and beyond, the penalty will increase to 2%.

Regence Implements Prior Authorization for Physical Medicine

Members have contacted the WOMA office concerning a letter received from Regence about their new physical medicine program which will require pre-authorization for several services including massage, chiropractic, acupuncture, physical, occupational and speech therapy. Osteopathic Manipulative Treatment (OMT) is not listed as one of those services. However, customer representatives service informing osteopathic physicians that OMT will require preauthorization.

Executive Director Kathie Itter contacted Regence Deputy Chief Medical Officer Csaba Mera, MD for clarification. Dr. Mera responded, on August 2nd, "We are still finalizing these issues. I have a discussion with the implementation team on Monday. Within the next couple of weeks, or sooner, we should have finalized the CPT list. I appreciate your patience. Csaba"

On August 1, Regence's Connection Online states that the date for implementation of the prior authorization program has been pushed back from October 1 to November 1, 2013. WOME will notify members when more information is available.

Benefit Added

Upon approval of membership, all WOMA members have access to the many benefits of the Affiliated Associations of America (AAOA). It has added Costco's National Membership Programs to the member benefit suite.

Find everything you need to celebrate summer at Costco!

Getting ready for vacation? Check out Costco's assortment of luggage and apparel items. Staying home and enjoying your outdoor spaces? Costco has everything you need for your lawn and garden, and outdoor entertaining.

For more information on your AAOA Member benefits, log in to www.aaoamerica.org using your AAOA PIN or call 866.968.0545.

PNWU-COM Update

by Robyn Phillips-Madson, DO

and The faculty, staff administrators are busy preparing for the students in the Class of 2017 who will arrive August 6th for orientation week. This is the sixth class to matriculate in the COM's history, and the first at the increased class size of 135 students. Their orientation includes not only the nuts and bolts of surviving and thriving in medical school, but also engagement in the Yakima community through service projects.

The Class of 2017's White Coat Ceremony will be held August 10th. This ceremony honors the incoming students and underscores the COM's commitment to nurture the characteristics humanistic throughout their training and ultimately their careers. This class will also be the first to enjoy Butler-Haney Hall as it was originally intended. The 400 seat auditorium, which can be divided into two auditoria if needed, additional offices, restrooms, catering kitchen and vending area with additional eating space, are complete. Renovation of the simulation lab, faculty offices, and library is almost complete as well, and will provide additional teaching and study space.

The members of the Class of 2015 have moved to their respective regional rotation sites. PNWU-COM is fortunate to have the dedicated regional deans and coordinators to oversee the students and adjunct clinical faculty. Please sign up to be one of the adjunct faculty if you haven't done so already, and if you already have, thank you for your commitment to the future of osteopathic medicine.

The Class of 2014 is beginning the process of residency application which can be both exciting and disconcerting. While 100% of PNWU-COM graduates matched into residency programs this year, the process is highly competitive given the growth of graduates outstripping the supply of residency slots. This month, the AOA Board of Trustees and the AACOM Board of Deans both rejected a memorandum of understanding from the American

Council on Graduate Medical Education (ACGME), and they are hopeful that future talks can lead to an acceptable agreement. This would be beneficial for osteopathic medical students on a number of levels, especially that of having a single match day. Please check on the AOA's website for more information, and take the time to watch Dr. Boyd Buser's update to the AOA House of Delegates regarding this important issue.

As many of you know, this is my final PNWU-COM update, as I resigned as dean July 22nd. I am continuing on as an assistant professor of family medicine at PNWU-COM on educational leave, and am excited about pursuing personal and professional interests I've put on hold over the past six years. Dr. Anita Showalter has been named the acting dean, with an announcement of an interim dean pending in the next month. This will be followed by a national search for a permanent dean. A search is also underway for an Associate Dean of Student Áffairs. Dr. Bob Sutton has stepped back into the recently vacated position of Associate Dean of Medical Education, and continues to provide leadership in residency development.

There aren't adequate words to express my gratitude to WOMA, Kathie Itter, and each of you, for your support, willingness to serve, friendship and mentorship over my past 33 years of WOMA membership, as well as the past six years at PNWU-COM. PNWU-COM would not exist without you, nor could I have served dean without encouragement. I recently read a quote by Nelson Henderson which describes how we can continue to contribute in a meaningful way wherever we may go: "The true meaning of life is to plant trees, under whose shade you do not expect to sit." I wish that for each of you as you journey down the path of your unique adventure.

Warmest regards, Robyn Phillips-Madson, DO, MPH

New L&I Opioid Treatment Guideline

The Department of Labor & Industry's new Guideline for Prescribing Opioids to Treat Pain in Injured Workers, became effective on July 1. It provides information specific to treating injured workers covered by Washington State workers' compensation system.

When you are treating acute injury or following surgery, opioids will be covered for up to 6 weeks without authorization. Beyond the acute phase, you must seek authorization from L&I or the insurer; continued coverage will depend on your documented use of best practices.

The best practices include evaluation of function, pain, and risk at three critical phases:

- 1. At the end of the acute phase (about 6 weeks following injury or surgery), to determine whether continued opioid therapy (COT) is warranted in the subacute phase.
- At the end of the subacute phase (3 months following injury), to determine whether to prescribe COT.
 Periodically during COT, to assess impact on function and risk of the therapy.

The L&I guideline provides valuable information to help you improve treatment, including sections on prescribing precautions; managing surgical pain in workers on COT; and discontinuing COT. It supplements both the Agency Medical Directors' guideline (2010) and the Department of Health's pain management rules (2011–2012).

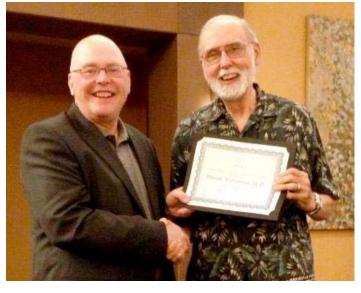
The new guideline was developed in 2011-2012 by the Industrial Medical Insurance Advisory Committee (IIMAC) and subcommittee on chronic non-cancer pain, groups made up of practicing physicians who specialize in treating injured workers and in pain management. The new guideline is based on the best available clinical and scientific evidence from a systematic review of the literature and a consensus of expert opinion.

L&I is now working closely with the advisory group on ways to help providers understand how to fulfill the guideline's new requirements. Continuing medical education is being developed which will be available free online, and L&I staff will be available to answer questions.

100th Annual Northwest







2013









Cockwise from top left: Robyn Phillips-Madson summarizes the ACGME merger proposal for members at the annual meeting; Dr. Cote recognizes Dwight Williamson, DO for 50 years of membership; Drs. Adam Hoverman and Tom Harris enjoy the Icebreaker reception; Dr. Dan and Kathleen Dugaw at the reception; Student doctor Whitney Fix-Lanes (right) provides a PNWU student update at the annual meeting; Attendees and exhibitors take time to network; President-elect Scott Fannin, DO (right) provides the professional affairs report as Drs. Lyndsey Rasmussen, Harold Agner, Marc Cote and Executive Director Kathie Itter look on.

Osteopathic Convention









Why join WOMA?

Advocacy Respect CME Fellowship Friends Families Fun



From top left: Drs. Allen Quinn and Bill Cox assist Alice (Aurora McCone) in the annual Osteopac member drive; the Mad Hatter (public affairs chair Lindy Griffin, DO) explains the need for Osteopac; President Marc Cote and 40-year member Paul Emmans, Jr, DO; Bill Gritzbaugh of Medical Protective is given appreciation for their suppot; Loren H Rex, DO (Bear) is recognized for 43 years of membership.

AOA House Opposes ACGME MOA

By Paul (PJ) Emmans, III, DO

I had the privilege of attending the House of Delegates for the American Osteopathic Association again his year. As a sophomore attendee, I was better oriented than on my visit the previous July. It takes one some time to understand who is who, and what is what, and what proper etiquette and procedure is.

This year was of particular interest to me as a medical educator since AOA/ ACGME United Accreditation merger was on the table for discussion and would undoubtedly inspire lively consideration. Our members had been briefed on this topic, and produced a vote at the WOMA convention at Suncadia and provided our delegation direction as we headed to the HOD. We discussed this and other topics on Thursday evening prior to the opening of the House. On Friday, the House was presented an update regarding the ongoing negotiations between the AOA and the ACGME. The AOA went into these with five negotiations negotiables as listed on the AO website:

- •The discussion is limited to GME and does not extend backward to undergraduate medical education or forward to licensing or certification.
- •The osteopathic medicine licensing examination (COMLEX-USA) remains in place and viable.
- •Osteopathic board certification remains in place and viable.
- •teopathic physicians must be given an equal opportunity to participate in all training programs under any unified accreditation system.
- •Any unified accreditation system must not adversely affect primary care programs in community-based settings.

At least two of these were not adequately acknowledged by the ACGME in their Memorandum of Understanding (MOU) and the board of the AOA as well as AACOMAS recommended against going forward with the MOU as presented.

For now, this puts a halt on negotiations. The AOA and the ACGME are set to meet in late July to discuss how to proceed next.

To provide context to this discussion, the AT Still memorial lecture was delivered by Dr. Don Krpan. He outlined our history, and

his experiences as a DO in the 60's, and 70's, the amalgamation etc. He articulated the urgency of our situation. We have a self-inflicted problem as a result of "unbridled" growth of our schools and class sizes. This, without due consideration of where our graduates are going to train. Today, more than half of our graduates are going to ACGME programs as it is. We have a deficit of 2000 residency slots and this will intensify as 12-15 new schools are in various stages of development come to fruition. Our osteopathic identity is dear to us, and the AOA has worked hard to protect it in these negotiations. However, with this significant exodus of graduates from the osteopathic family as they train in ACGME programs, how firm are we going to hold to these principles?

The problem here is huge, and it is fairly easy to articulate. However the solution is less clear. We can't produce quality residency programs overnight. The quality of our training is paramount. The bar we set for ourselves must be high. As a third generation DO who trained in an ACGME program and then "came back into the fold" I have some perspective on this. I understand the vote of the AOA and of the House, but if we don't do something about our current trajectory, then we are actively kissing our osteopathic uniqueness "good bve".

As Dr. Krpan indicated, we are negotiating from a dependent position, and the ACGME really doesn't need us to proceed ahead with their plan. The bigger issue is that the Institute of Medicine is due out with a report on their analysis of budget and oversight of all of GME. The ACGME and their 9,000 programs are at risk of a future wedded to significant governmental oversight. Our 1,000 programs are really a lesser concern to them. This whole issue is a matter of life and death for both camps, but for different reasons.

Thank you again for allowing me to represent WOMA at the HOD. I am grateful for the opportunity and found it an invaluable experience.

Respectfully submitted,
Paul Emmans III, DO
Osteopathic Program Director
Central Washington Family
Medicine Residency

Doctors Audited for Certifying DME

By Lindy Griffin, DO, Public Affairs Chair

By now we have all heard of unscrupulous durable medical equipment (DME) companies and how they have gotten in trouble with local, state, and federal authorities. Most of us have seen the TV ads – just call us and we will contact your doctor and get them to authorize this equipment. I am sure all of us have gotten phone calls and faxes requesting DME for patients – both those that do and don't need them.

You try and explain to the patient and they say, "But the company told me all you have to do is sign a form." It is never that easy.

It has been reported that DME suppliers represent up to 40% of criminal fraud cases for Medicare and Medicaid. Other insurers are now investigating DME suppliers and physicians for fraud. Yes, I said physicians.

Remember that contract you signed with the insurance company, or in some cases your employer? Well, it said you have to have "medical necessity" for everything you do. And yes, that includes prescribing DME.

Audits are starting. Companies and doctors are being sanctioned. A consultant for a federal contractor said, "Make sure you have everything in your file you would need to justify (in) an audit.", then you won't have to worry.

Another recommendation is to have a written policy on DME requests. This will help protect your patients and you. A sample policy is shown below:

Durable Medical Equipment Policy

- 1. All DME requests must be initiated by the patient.
- 2. No faxed documents will be accepted without a patient first initiating the request.
- 3. Staff will receive memos on this.
- 4. DME companies will be informed of this policy.
- 5. If DME companies continue to make repeated calls this will be viewed as harassment and will be reported to the insurance commissioner.
- 6. Shred all faxed requests not initiated by patients.

Hopefully, this information will help you and help free up your staff to concentrate on patient care.

AOA House of Delegates Meeting

By Harold Agner, DO

The AOA held its annual business meeting in Chicago, Illinois from July 19 to July 21, 2013. Physician and osteopathic medical student membership now exceed 140,000. Fifty divisional societies and 25 specialty colleges were represented by 569 delegates and alternates with 54 students and student alternates. WOMA was represented by Drs. Dave Lukens; Paul Emmans, Jr.; Lindy Griffin; Paul (PJ) Emmans, III; Robyn Phillips-Madson; Harold Agner, and our PNWU student representative Jarrad Morgan, OSM II. Committee assignments were as follows: Robyn Phillips-Madson, Ad Hoc Committee; Harold Agner, Public Affairs Committee.

A town meeting was held the evening of July 19th to present background information regarding the proposed joint accreditation pathway with the AMA for graduate medical education. On July 20th, it was announced that the memorandum of understanding as presented by the ACGME was not acceptable to the AOA Board of Trusties as it did not adequately protect and preserve the distinctiveness of the osteopathic graduate medical education. The AOA will continue its negotiations with the ACGP regarding this important topic. In the interim, the AOA is developing new residency locations and is streamlining its residency approval

Referencing the current difficulties regarding preserving osteopathic graduate medical education, executive director, John Crosby, JD, presented The Annual Report of the AOA with a speech entitled "From Kirksville to Gettysburg: Rededicating the AOA to the People". The annual report is available on the web at http://www.osteopathic.org/inside-aoa/about/leadership/Pages/annual-report.aspx.

One hundred thirty two resolutions covering a variety of topics were

presented before and discussed by members of the Ad Hoc, Professional Affairs, Educational Affairs, Public Affairs, and Constitution and Bylaws Committees. Resolutions were then brought before the body of delegates for action. After two days of deliberation, the house approved 123 resolutions (32 with amendments, 1 by substation), disapproved 4, and referred 4 to other bodies within the AOA for further action. One resolution was withdrawn by its submitting organizations before consideration. Resolutions are available at the AOA website http://www.osteopathic.org

Norman Vinn, DO, was sworn in on July 20th as the 117th President of the American Osteopathic Association by his predecessor Ray Stowers, DO. President Vinn's inaugural address was entitled "Creating Opportunity from Problems", expounding the importance of preparing for the changes which are occurring in health care delivery and reimbursement. Robert Juhasz, D.O. was elected to the President-elect position on Sunday, July 21st. Adrienne White-Faines, MPA was introduced to the House of Delegates as the new executive secretary, replacing the retiring John Crosby, J.D.

The Osteopathic Pledge of Commitment

I pledge to:
PROVIDE compassionate quality care
to my patients;
PARTNER with them to promote

PARTNER with them to promote health;

DISPLAY integrity and professionalism throughout my career;

ADVANCE the philosophy, practice and science of osteopathic medicine;

CONTINUE lifelong learning; SUPPORT my profession with loyalty in action, word and deed; and LIVE each day as an example of what an osteopathic physician should be.

CDL Examiners Update

For those interested in becoming certified examiners, Yakima Worker Care will begin offering a Home Study Course for Commercial Driver Examiners on September 2, 2013.

To become certified as a Medical Examiner, you must complete the necessary training and pass the certification test required by FMCSA. In order to take the certification test, you must first register through the National Registry web site and receive a unique identification number. You will provide your unique identification number to the testing organization that you select from the list of approved testing organizations on the National Registry web site.

h t t p s : / / nationalregistry.fmcsa.dot.gov/ NRPublicUI/home.seam

There are two training organizations listed for Washington – Group Health Cooperative and Yakima Worker Care. For information about the online course, email CMEtrainer@gmail.com. A link to the registration form is on WOMA's home page at www.woma.org.

Visit the National Registry web site at http://nrcme.fmcsa.dot.gov and go to the training and testing section for more information.

Web Links:

http://www.fmcsa.dot.gov/rulesregulations/topics/medical/ medical.htm

http://www.fmcsa.dot.gov/rules-regulations/administration/fmcsr/fmcsrruletext.aspx?reg=391.43

101st Annual NW Osteopathic Convention June 19-22, 2014 Skamania Lodge Stevenson, WA

Convention Support Appreciated

WOMA is grateful to the following firms for their support of the 100th Annual Northwest Osteopathic Convention held June 27-30 at Suncadia Lodge in Cle Elum: GlaxoSmithKline, Teva Respiratory, Kibble & Prentice, Physicians Insurance, AstraZeneca, Veterans

Health Administration, Medical Protective, Singulex, Reckitt Benckiser, ATSU-SOMA, Auxilium Pharmaceuticals, Northwest Osteopathic Medical Foundation, Adler Giersch, P.S., Sanofi, AbbVie, US Air Force, Waddell & Reed Financial Advisors, COMP-Northwest,

NovoNordisk, Astellas Pharma US, Inc., Health Diagnostic Laboratory, Inc., Purdue Pharma, PNWU, Peace Health Labs and the Washington Osteopathic Foundation.

Please extend courtesies if the opportunity presents itself.



According to Kathie, I owe her a Bear Dropping Column, so here goes. It is always a challenge to decide between what I should write and what I would like to write since, as you can imagine, my preference would be to write with a somewhat sharper tongue on my observations of society, however, that is not in my pay grade.

So here I am, sitting on the deck on the third floor following doctor's orders to take my Lasix and do an I & O of the resulting predictable urinary event. Now I don't know if you have ever taken Lasix but at least for me I can't do anything else but micturate for the life of the drug effect. believe there is always humor in everything if you just look for it. I just used the spell checker and it has suggested that I should change micturate to masturbate. Maybe that is a good idea for the spell checker, but for me I am going to pass on that suggestion. But I digress.

I decided that since I have a great view of the golf course next door and I can't do much of anything else, I would just sit with my urinal and my 1 liter Becel Margarine tub and think about Life, Love and the Chicago Cubs. I suppose I could have picked the Mariners since they are the same type of perpetual losers as are the Cubs, but the Cubs have a longer record of losing in unique ways. Alas, we all seem to need a losing cause to believe in.

My view is of three ranks of the Canadian Costal Mountain range and the mountains nearest to the condo are snow covered in the winter and the back rank has snow all year. The golf course banks into the closest range which is Crown land, the equivalent of National Park, and since Crown Land doesn't get cut, the view you've got is the view you get. And a great view it is. The condo overlooks the water hazard and the approach to the eighteenth hole so

lots of green and water to see. One of the more interesting things is the sound lens that allows me to hear almost everything the golfers say. I could do a column on Golfer speak, but since I don't know who will read these columns, we had probably best not go there, although they seem to use the same expletives.

The area where I am is called the North Fraser Valley and is, of course, becoming more densely populated with housing and big box stores. This area is unique in that it is suburban becoming urban yet it might as well be rural. The area was developed by Dutch immigrants after WW1 (The war to end all wars) and naturally is a series of dikes and farm land linked together. The area is about 45 minutes East of Vancouver and just North of Lynden. The economy is heavily agricultural with multiple kinds of berries and vegetables and, of course, one of God's questionable inventions: Cows. I would also guess that the border crossing industry is a large source of income. It is certainly a large source of irritation when you are trying to cross. I have found it is rare for the Canadian border guards when you are coming in but the Americans are occasionally funny when you are coming home.

At some point some developers decided that golf courses would be a great idea so there are five 18 hole and four 9 hole courses that are almost linked. This has led to a sort of wild life park including the largest Great Grey Heron Rookery in North America and one would assume a large reservoir of golfers. There is also a huge flock of Canada Geese (Duh!) a giant murder of Crows, a transient flock of Sea gulls, a big flock of Starlings, and much to the consternation of the Condo owners, a flock of Pigeons, and many birds that I do not have a clue as to their

names. I would be remiss if I didn't give attention to the 1 Bald Eagle who ,while constantly challenging the fowl population, seems to make his living catching fish in the water hazard. After dark, the course is owned by the Coyotes and occasional Bear.

I find the geese interesting in that every morning they go through the ritual of deciding the Goose of the day. I'm not sure if they are egalitarian or simply not bright enough to remember who the leader was yesterday. They seem to breakup in gaggles of about 10-15 and spend the next 10 or so minutes chasing each other until a leader is elected then no more fights for the day. The Geese totally ignore the golfers unless a ball lands in their midst. When this happens they simply move over but rarely fly. The Crows, on the other hand act like Crows. They fight with themselves and everything else in the area including the golfers, who they challenge for the right to be on the course. The Seagulls seem to be, more or less, thugs. When they show up, usually after a rain, everyone else leaves and stays away until the Gulls leave. The Starlings, or ,as some people call them "black birds", seem to mainly practice aerobatics by flying weird patterns in the sky without hitting each other.

The other various species seem to be interesting but beyond my learned observations. The swallows are always a delight as they swoop and bank working to catch the latest hatch of insects and build their mud houses. There are also a number of song birds but I don't know what they are. And of course, there are the various species of duck that swim up and down the water hazard as if they were part of the protective fleet for the place. Those are my observations of our feathered friends and I'm sticking with them.

Bear

Page 10 Summer 2013 Washington D.O.



WOMA Fall Seminar

AN APPROACH TO CHRONIC PAIN UTILIZING OMT

TAKING THE PAIN OUT OF CARING FOR CHALLENGING PAIN PATIENTS SATURDAY, SEPTEMBER 21, 2013

Pacific Northwest University of Health Sciences College of Osteopathic Medicine 200 University Parkway Yakima, WA 98901 (509) 452-5100

8.5 Hours Category 1-A AOA - Approved CME

Presented by the Washington Osteopathic Medical Association A Certified Sponsor of Category 1-A, AOA-Approved CME Proceeds Benefit the Washington Osteopathic Foundation

Learning Objectives

The diagnosis and treatment involving chronic pain and somatic dysfunction, incorporating the holism of osteopathic medicine.

Harlod Agner, DO Program Chair

7:30 a.m. Registration & Breakfast

8:00 a.m. **Myofascial Release**

w/Lab Time Don Woods, DO

9:30 a.m. A Novel Approach to Cranial

Screening & Treatment w/

Lab Time Bill Powell, DO

11:00 a.m. **Strain/Counterstrain**

w/Lab Time Larry Lefors, DO

12:30 p.m. Lunch

1:30 p.m. **Lymphatic Treatment**

w/Lab Time Richard Koss, DO 2:30 p.m. Muscle_Energy

w/Lab Time

Lynda Williamson, DO

4:00 p.m. **Appropriate**

Documentation and Coding: Getting Paid for

What You Do Harold Agner, DO

5:00 p.m. Seminar Adjourns

Directions

PNWU is located at 200 University Parkway,

Yakima, WA, 98901 For directions, go to:

http://www.pnwu.edu/students/prospective-

students/visit-pnwu/

Questions? Call the WOMA office at 206-937-

5358 or email kitter@woma.org

"An Approach to Chronic Pain Utilizing OMT"

SEPTEMBER 21, 2013 - PACIFIC NW UNIVERSITY OF HEALTH SCIENCES, YAKIMA, WA

	Phone				
AOA#	Email_				
Address					
City		State	.	Zip	
Registration Fees	Member *	Member *	Non-Member		
	Before 8/19	8/19 or later	add surcharge		
Physician	\$275.00	\$325.00	\$175.00		\$
Allied Health Professional	\$275.00	\$325.00	\$175.00		\$
Postgraduate	\$200.00	\$250.00	\$175.00		\$
Retired Physician	\$200.00	\$250.00	\$175.00		\$
**Printed Syllabus *Member fee also applies to out o	\$ 25.00				\$
**Printed syllabus must be pre-ord WOF/WOMA Board Meetings Saturday, September 21, 2013 PNWLLA desiries region Building	S	ation			
PNWU Administration Building 5:30 p.m. WOF Board Meeting 6:00 p.m. WOMA BOG Dinne					\$
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SEMINAR REGISTRATION DISCOUNT DEADLINE AUGUST 18, 2013

Because this is Fair Weekend in Yakima, early hotel reservations are advised.

OFFICIAL NOTICE

Washington Osteopathic Foundation Board Meeting

5:30 p.m.

Saturday, September 21, 2013

WOMA Board of Governors Dinner Meeting

Saturday, September 21, 2013. 6:00 P.M. PNWU Administration Building 111 University Parkway, 2nd Floor

Use the registration form inside to reserve your space at either meeting.

WOMA CME Committee Meeting

Friday, September 20, 2013, 7:00 pm PNWU Administration Building RSVPkitter@woma.org

ACCOMMODATIONS

Oxford Suites

1701 E. Yakima Avenue, Yakima, WA 98901 509.457.9000 reservations 800.404.7848 \$85 for a single or double

Ask for PNWU rate Ledgestone Hotel

107 N. Fair Avenue, Yakima, WA 98901 509.453.3151 www.ledgestonehotel.com

\$119 for a Single Queen Ask for the PNWU rate

Due to the Yakima County Fair, early reservations are Advised!

huttle Service: Yakima Oxford Suites provides complimentary shuttle service to and from the Yakima Airport. There is a courtesy phone near baggage claim or call Hotel at (509) 457-9000.



Please Join Us!

What: **Mixer/BBQ**

When: Saturday, August 24 from 12 Noon to 4:00 p.m.

Where: Rocky Reach Dam picnic area, the first one on the left as you enter

Who: residents, students, docs newer into practice, those interested in

being mentors, local DOs, and of course your families!

Why: **network, fun outing with the kids before school starts**

Your host, Amber Figueroa, DO, will provide burgers, dogs, buns, and fixins, you bring a side dish, beverages, games, etc. Come and go, the visitor center is free, hopefully there will be some salmon on the fish ladder. This will be will be lots of fun!

Please RSVP and for questions to Amber Figueroa, anfigueroa22@gmail.com

For more information about Rocky Reach Dam, go to http://www.chelanpud.org/visitor-center.html.