



Washington D.O.

Winter 2010

5220 California Ave S.W., Suite B / P.O. Box 16486 Seattle, WA 98116-0486
(206) 937-5358 FAX (206) 933-6529 / www.woma.org

Nominees Sought

It is the time of year to think about your colleagues and recognize those who go above and beyond their call. There are several awards seeking nominees.

Each year **WOMA** recognizes a **Physician of the Year**, a member known for his/her involvement in the osteopathic community and compassion for humanity. The award is made to a DO who demonstrates competency in osteopathic medicine and who works in the profession for the sheer pleasure of helping humanity.

Do you know an osteopathic physician who is involved in community outreach, medical missions, gives time to sports programs or treats patients regardless of their ability to pay?

Colleagues, staff, patients and family are encouraged to send nominations to the WOMA office by March 1st. All WOMA members are eligible and nominations may be sent to the WOMA office at PO Box 16486, Seattle, WA 98116-0486, faxed to 206-933-6529 or emailed to kitter@woma.org.

Contact Kathie Itter by email kitter@woma.org if you have a nominee for consideration. Please include a letter of nomination describing why the nominee should be recognized.

Save the Dates

WOMA Spring OMM Seminar
March 27, Valley Medical Arts
Center, Renton

97th Annual NW Osteopathic
Convention, **Primary Care Update**,
June 24-28
Semiahmoo, Blaine

WOMA Fall Seminar
**Pediatric and Female
Patient Issues**
September 11
PNWU, Yakima

CME Committee Members Needed

The CME Committee is responsible for deciding on the topics and speakers for WOMA's convention and quarterly seminars. Because of the new requirements for the needs assessments process, additional members are needed to share the workload.

WOMA must now provide a needs assessment survey for each program and include reference materials on each topic chosen. Reference materials include journal articles, websites, public health and state department of health statistics, textbooks, community need, etc. This will be an ongoing process and members will need to meet quarterly at the WOMA office or by conference call.

Current committee members are Drs. Harold Agner, Tim Anderson, Ruth Bishop, Paul Emmans, III, Ashley Keays, Robyn Phillips-Madson, Michael Scott and Lynda Williamson. If you would like to join them on the committee, please contact Kathie Itter at 206-937-5358 or kitter@woma.org.

New Prescription Pad Requirements

Beginning July 1, 2010, Washington State law will require all prescriptions for delivery to a pharmacy to be written on Board of Pharmacy approved tamper-resistant paper or pads. All approved paper will be affixed with a Board of Pharmacy "seal of approval."

The seal will consist of a map of Washington State with a mortar and pestle in the center. To the right of the graphic the text will read "Paper Approved by Washington State Board of Pharmacy."

To date, fourteen vendors have completed the review/approval process. All approved vendors have

Spring Seminar Supports WOF

Drs. Melicien Tettambel, Judith Lewis, Stephen Cavanaugh and Rob Woodbury have assembled an excellent OMM seminar and lab for WOMA's Spring Seminar, an annual fundraiser for the Washington Osteopathic Foundation.

The program, OMT From the Ground Up will provide 8 AOA category 1-A credit hours that are also approved for neuromusculoskeletal medicine credits. Dr. Tettambel will start the program with a lecture and lab on feet. Dr. Lewis will provide an in-depth look at the human stance. Dr. Cavanaugh will cover knee and ankle problems and Dr. Woodbury will cover hip issues and the day will end with an open lab.

The seminar will take place on Saturday, March 27 at the Valley Medical Arts Center in Renton. Members may register online or you can print out a registration form at www.woma.org. Space is limited, so early registration is recommended.

We are very grateful to the faculty who are donating their time to enable more proceeds to benefit the Foundation programs.

demonstrated to the board that they meet the security standards as required in RCW 18.64.500.

For an updated list of approved vendors and answers to frequently asked questions, please visit the Washington State Board of Pharmacy's webpage at <http://devwww6/hsqa/Professions/Pharmacy/default.htm>.



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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.

Meetings Notice

WOMA Board of Governors

Dinner Meeting
March 27, 2010
Valley Medical Arts Center
5:30 p.m.

WOF Board

March 27, 2010
Immediately following the WOMA Board meeting.

WOMA Welcomes New Members

The Board of Governors, having met on December 5, 2009, approved the following applications for membership:

Active

Lisa Galbraith, DO LCON'05
Eric Harp, DO OSUCOM'02
William Powell, DO KCOM'05
Aaron Vawter, DO LECOM'06

Probationary Active

Kenneth Breeden, DO
OSUCOM'94
Michael Lorich, DO TCOM'01
John Share, DO UNTHSC'95
Michael Wilwand, DO PCOM'02

Postgraduate

Lucina Kidd, DO

Student

Rebecca Flanagan COMP'13
Alex Grimaldi PNWU'13
Bryan Tolle PNWU'13



PNWU Update

By Dean Robyn
Phillips-Madson,
DO, MPH

In six short months the class of 2012 will be in their core sites for 3rd and 4th year rotations. The College of Osteopathic Medicine has hired two experts in residency and 3rd and 4th year development who will be making the rounds to all 10 sites and finalizing logistics. Regional deans are being named at each site, and these physicians will be contacting PNWU-COM physician preceptors and signing up more.

We are busy preparing for our next accreditation site visit in March, and are pleased that our provisional accreditation with the Commission on Osteopathic College Accreditation continues. Student interviews continue to fill the few seats left in the incoming class of 2014. We've received 2052 applications so far, up almost 5% over last year. The school will continue to receive applications through March.

Foundation Offers Low-Interest Loans and Scholarships

The Washington Osteopathic Foundation provides student loans at a very low interest rate to osteopathic medical students willing to commit to practicing in Washington State.

The Foundation also offers two of \$1,000 scholarships each year. The Eugene Imamura Scholarship is based on need; the Warren Lawless Scholarship gives weight to community service. More information and applications are available online at www.woma.org.

Getting to Know You

WOMA is pleased to welcome the following new active members:

Lisa Galbraith, DO is a 2005 graduate of LECOM. She received her Masters in Public Health from Boston University and completed a residency in obstetrics and gynecology at Arrowhead Regional Medical Center. She practices at Mountainview Women's Health Center in Richland.

Eric Harp, DO graduated from OSUCOM in 2002. His postgraduate training includes a rotating internship at Mesa General Hospital in 2002-2003, psychiatry residency at Griffin Memorial Hospital, Norman OK 2003, pathology residency at University of Oklahoma 2004-2008 and cytopathology fellowship, MD Anderson Cancer Center, Houston. He currently works at the Medical Diagnostic Laboratory in Mt. Vernon.

William Powell, DO is a 2005 graduate of KCOM. He completed a rotating internship and family practice and neuromusculoskeletal medicine residency at Pikeville Family Practice. His FP/NMN practice is in Ellensburg.

Aaron Vawter, DO graduated from LECOM in 2006. He completed a family medicine residency at Central Washington Family Medicine in Yakima and is practicing in Walla Walla.

Generosity Continues

The Washington Osteopathic Foundation Board is grateful to those who continue to answer the plea for contributions sent out by President David Lukens, DO in October. It was the goal of the Foundation Board to raise \$20,000.00 (about \$25 per DO practicing in Washington) by the end of 2009. To date, \$7,134.40 has been donated. The deadline has been extended and the Board continues to seek its goal.

In addition to those listed in the last edition of The Washington D.O., we are grateful to the following for their support: Louis Brittingham, DO *in memory of PJ Swofford, DO*

Joseph Engman, DO *in memory of Milton Engman*

Raul Garcia, DO

Glenn Gastineau, DO

Robert Gramenz, DO

Deborah L Hickey, DO

Patrick Hogan, DO

Lon Hoover, DO

Ray Kania, DO

Rodney Muhammad, DO *in memory of L/Cpl Lawrence Williams*

Amy Showalter, DO

If you would like to join your colleagues in this worthwhile cause, contributions are tax-deductible and always welcome. Contribution forms are available in the WOF section of the WOMA website at www.woma.org or email kitter@woma.org to request a form.

Premed Forums Carry On; DO Participants Needed

Interest in a career in osteopathic medicine continues to grow at premed forums hosted by WOMA.

On January 13 at Seattle University, Drs. Peter Grimm, Steven Leifheit and Tom Meeks shared stories of their schools and professional experiences with about 30 students from Seattle U, SPU and UW.. LeAnn Hunter of Pacific NW University of Health Sciences and Dirk Foley of Western U COMP spoke about the osteopathic medical curriculum and the application process.

WOMA is in the process of scheduling forums at the University of Washington and St. Martin University and hopes to expand its program to the Spokane area. The students really appreciate the DOs who participate and more are needed. If you are interested, please contact Kathie Itter at 206-937-5358 or email kitter@woma.org.

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In Memoriam

Arthur Borchardt, DO

Art Borchardt, DO passed away in his home in Yakima on October 25th with his wife Muriel at his side. He graduated from Des Moines Still College of Osteopathy and Surgery in 1940, the same year he married his wife, Muriel. He began his medical practice in Lidgerwood, North Dakota and, in 1946, moved to Seattle to practice at Waldo Hospital. They moved to Sunnyside in 1948 where he practiced until his retirement in 1984.

Dr. Borchardt was the first osteopathic physician in the Yakima Valley and responsible for bringing other DOs to the area. He was instrumental in founding Sunnyside General Hospital and Sunnyside Medical Center and founded Lower Valley Hospice. He served as President of the Washington Osteopathic Medical Association in 1955-56.

Art was a Rotarian, a Paul Harris Fellow and served a term as Rotary District Governor. He and Muriel sponsored and mentored several Rotary Exchange students. They were staunch Republicans and served as area campaign chairmen for Governor Dan Evans and enjoyed many international friendships and travels over the years.

Art is survived by his wife of 69 years, Muriel, daughters Judy Sinner of Selah and Kay Doggett of Bend, OR, grandson Adam Yagiz of Alameda, CA, brother Clayton of Brookings, SD and numerous nieces and nephews.

Virgel Rolland Anderson, DO

Virgel Rolland Anderson, DO passed away January 24, 2010 at the age of eighty-eight. He was born in Scranton, North Dakota on January 9, 1922 to homestead settlers Albert and Esther Anderson in a sod house with a dirt floor. He spoke of the hard work and the early rising on the farm, which contributed to his strong work ethic. After high school graduation in 1939, he attended Missouri State College and then Kirksville College of Osteopathy and Surgery in Kirksville, MO, graduating in 1945.

He interned at Waldo Hospital and started his practice in the Greenwood District of Seattle, where he practiced until 1984. Virgel enjoyed helping his patients, and his appreciation for their concerns resulted in a large general practice which often kept him busy from early morning into the evening.

He married Rhoda Mae Lee on July 21, 1946. Virgel was active in his church, Christian schools, the Washington Osteopathic Medical Association, Boys Village, Toastmasters, and other philanthropic organizations. He engaged in a variety of activities from serving on the boards of organizations, to giving stewardship messages to church groups, to being regularly interviewed regarding medical advice on the local radio program "Over the Coffee Cup".

He was preceded in death by his brother Dr. Donald Hedman Anderson in 2006. He is survived by his six children: Donald (Diane), Gary, Dennis (Janyce), Susan (Ralph Ljunghammar), Alan (Lori), Lynn, eleven grandchildren and three great grandchildren. He will be remembered as a wonderful caring father to his children and their families.

Convention Program Confirmed; Vendors Sought

The 97th Annual Northwest Osteopathic Convention is scheduled for June 24-17 at the Semiahmoo Hotel and Conference Center. It will provide 25 hours of AOA Category 1- A CME. This year's program will include topics in mental health, infectious diseases, OMM, pain management, sleeping disorders and breakout sessions in health plan contracts, human resource management, coding and documentation and precepting.

Registration packets will be available in early March. Members will also be

able to register online with a Visa or MasterCard.

We are hoping to attract a more diverse group of vendors of interest to our attendees. If you know of any products or services that would be of interest, please send the name of the firm and contact information to Kathie Itter at kitter@woma.org or call 206-937-5358. Exhibit packets will be available soon online at www.woma.org or contact Kathie Itter at the above number or email address.

Legislative Update

DO Day in Olympia will take place on February 9. We are grateful to Lori Aoki, a member of the PNWU staff, who has worked tirelessly to coordinate all of the appointments made with legislators for the participating physicians and medical students. We'll have more to report after the event.

A very hot issue has been **House Bill 2876**, originally drafted to require pain management CME for all prescribing providers. WOMA sent a letter to the House Health Care and Wellness Committee stating that "*while it is important to acknowledge the issue of the increasing number of deaths in Washington attributed to prescription narcotic overdose, it is paramount to address the root cause versus a blanket "punitive" approach against responsible prescribers. There are at least two significant reasons that contribute to the ultimate abuse and subsequent potential demise of patients using narcotic prescriptions, excluding those who experience unexpected adverse reactions to this particular class of pharmaceuticals.*

First is the prescriber who abuses the privilege of prescriptive authority and writes ad lib for such medications. While this group constitutes a minority among providers, they are, none the less, sufficient in numbers to constitute the cause for concern.

Second are the patients who simply "doctor shop" looking for prescribers

who will write for narcotics without a justifiable reason or the patient who intentionally seeks out multiple prescribers in order to obtain large quantities of narcotics.

It is these two groups of individuals who warrant legislative intervention in order to proactively decrease the morbidity and mortality among Washingtonians and in essence change unwanted patterns of behavior." The letter continued with a list of recommendations to address the problems.

We were told, after the fact, that the Health Care and Wellness Committee had met in Executive Session and had stricken the language of the bill, and inserted language to require the boards and commissions of the prescribing professions to adopt the Agency Medical Director Group's opioid dosing guidelines. (As you may recall, the Board of Osteopathic Medicine and Surgery declined the adoption of the AMDG guidelines because they felt the guidelines already in place were sufficient.) The AMDG guidelines are also involved in an active lawsuit naming the Medial Quality Assurance Commission and the AMDG as defendants, and have had concerns about them expressed by several pain specialty societies and the State of Oregon. In a conversation with Committee Chair Rep. Eileen Cody, Mrs. Itter was told that this was a "done deal" with the approval of the Washington State Medical Association.

At its meeting on January 22, the same day the Health and Wellness Committee went into executive session, the Board of Osteopathic Medicine and Surgery reiterated to WOMA Executive Director Kathie Itter their desire to maintain the current guidelines and not be forced to adopt those of the AMDG. Ms. Itter then consulted WOMA board members and decided to approach the bills sponsor, Representative Jim Moeller, with WOMA's concerns. Rep. Moeller agreed to meet with WOMA's lobbyist Bill Fromhold and President-elect Stan Flemming, and offered to place a striker on the bill on the House floor to remove the AMDG guidelines and require a workgroup with representation of all of the boards and commissions of the prescribing professions to create guidelines that were more acceptable. (See striker amendment on page 8)

As we go to press, we are told that the Department of Health has become more involved in this issue. We will provide updates as they become available.

Another concern is **House Bill 3015**, which authorizes the Office of the Insurance Commissioner (OIC) to enter into a compact with other states for the purpose of permitting the sale of small group health benefit plans across state lines. WOMA has concerns about the effect of purchasing health benefit plans across state lines by circumventing state consumer protections and WOMA's anti-discrimination laws.

Carisoprodol Now Schedule IV

The Board of Pharmacy has by rule placed carisoprodol (Soma, generics) in Schedule IV of the Controlled Substances Act. The rule is effective **February 5, 2010**.

A schedule IV controlled substance has been found to have a lower potential for abuse relative to Schedule III or Schedule II drugs. Carisoprodol has been a legend drug for decades used as a muscle relaxant. Ten years ago an effort to schedule carisoprodol at the Federal level failed. Fifteen other states have scheduled carisoprodol

The process required for the Board of Pharmacy to schedule a drug is

rigorous. The Board must describe the scope, duration, and significance of abuse and provide scientific evidence to document the risk to public health. While carisoprodol is less a menace than the opiates, it has played a role in the increased abuse of commercial drugs. Several of the national data systems consistently identify carisoprodol as a drug of abuse. Washington State and local healthcare data show morbidity and mortality related to the abuse of carisoprodol as well. The Board of Pharmacy has three goals in the scheduling of carisoprodol: (1) reduce misuse and abuse of

carisoprodol, (2) increase patient safety, and (3) increase provider awareness. Prescribers have not been fully aware of the abuse of carisoprodol which has made the drug easily accessible to those seeking to abuse or to sell drugs.

On December 17, 2009 the Drug Enforcement Administration published a Notice of Proposed Rulemaking in the Federal Register to place Carisoprodol into Schedule IV.

Please direct your questions to Tim Fuller, Pharmacist Consultant for the Board of Pharmacy. He can be reached at 360.23.4827 or by email at tim.fuller@doh.wa.gov.

Youth Suicide Prevention Plan Implemented

Washington's youth suicide rate remains higher than the national level, and the state is taking steps to turn that around. A new statewide plan offers tools and resources to help keep young people in Washington from taking their own lives.

Washington's Youth Suicide Prevention Steering Committee developed "Washington State's Plan for Youth Suicide Prevention" (www.doh.wa.gov/preventsuicide). The committee includes suicide experts and health professionals from across Washington.

"It's a tragedy whenever a young person commits suicide, or hurts themselves trying to do so," said Secretary of Health Mary Selecky. "We hope that Washington residents will see this plan as a guide to prevent youth suicide in their communities. It's not any one agency's plan. It's a plan in which everyone wanting to prevent youth suicide can find a place for their work."

On average, slightly more than two youths in Washington kill themselves each week. About 17 more are hospitalized after suicide attempts. Suicide is the second leading cause of death for Washington youth. Nearly twice as many suicides as homicides kill people between 10 and 24 years old. Our state's youth suicide rate is higher than the national average. Between 2002 and 2006, the rate was 8.3 per 100,000 in Washington. This compares to a 7.0 average for the nation.

However, suicide can be prevented. The new plan provides a framework for individuals, organizations, communities and agencies to end these tragedies. For instance, anyone who knows a youth is considering an immediate suicide attempt should call 911. People who see warning signs should contact a mental health professional or call 1-800-273-TALK for a referral.

The plan gathers up-to-date information and statistics. This includes information from a variety of state and

national sources, including the most recent Washington Healthy Youth Survey (<http://www.doh.wa.gov/Topics/healthy%5Fyouth%5F2008/>) of school students.

The document identifies warning signs and risk factors for teen suicide, as well as factors that can protect against it. Warning signs include a previous suicide attempt, current talk of suicide or making a plan, and a strong wish to die or a preoccupation with death. Others are giving away prized possessions, signs of depression, increased alcohol and/or other drug use, and hinting at not being around in the future or saying goodbye.

It also identifies the economic cost to society. For example, the 120 youth suicides in Washington each year cost an estimated \$231 million in medical bills and lost productivity. The 892 hospitalizations cost an estimated \$18 million.

The plan has five goals:

Goal 1— *Suicide is recognized as everyone's business.*

Goal 2— *Youth ask for and get help when they need it.*

Goal 3— *People know what to look for and how to help.*

Goal 4— *Care is available for those who seek it.*

Goal 5— *Suicide is recognized as a preventable public health problem.*

"Washington State's Plan for Youth Suicide Prevention" was developed under the leadership of the Department of Health's Injury and Violence Prevention Program. It was funded by a grant from the Substance Abuse Mental Health Services Administration.

You can get a copy of the plan (www.doh.wa.gov/preventsuicide) online, or by calling the program, 360-236-2800. If you are concerned about a youth who may be depressed or suicidal, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or find help on its Website (www.suicidepreventionlifeline.org).

New HIV Rules

New HIV testing, counseling, and partner services rules offer flexibility to health care providers and local health jurisdictions.

The rules remove specific requirements for HIV testing, counseling, and partner services no longer recommended by CDC. The rule provides health care providers with the flexibility to offer HIV testing to all individuals. HIV testing rules require health care providers to:

- Obtain the informed consent separately or with general consent for care.
- Specifically inform the individual verbally or in writing that a test for HIV is included.
- Offer an opportunity to ask questions and decline testing.
- Notify the local health officer when a person tests positive in order to provide post-test counseling.

For pregnant women only, documentation of patient refusal of an HIV test is still required.

Flexibility to local health jurisdictions includes authorizing local health officers to directly perform partner services with a newly diagnosed HIV-positive individual rather than provide the services with the permission of the health care provider.

DOH is developing materials to help health care providers, local health jurisdictions, and other stakeholders understand this new rule. They will post communications about the rule on the Department of Health HIV and Adult Viral Hepatitis Web page.

http://www.doh.wa.gov/cfh/HIV_AIDS/Prev_Edu/default.htm HIV and Adult Viral Hepatitis Web page
<http://apps.leg.wa.gov/documents/laws/wsr/2010/01/10-01-082.htm> link to permanent rule language

Technological Changes Implemented

In an effort to continue fiscal responsibility, the WOMA Board of Governors approved conversion to a new database and website that will save about \$10,000 a year in license fees and technical support. WOMA staff has been working on both for a couple of months. The database migration is

complete and the new website should be live in mid-February.

The new products are more user-friendly and will continue to enable members to pay dues and register for seminar programs online with a Visa or MasterCard.

Members will be receiving notices soon with their new login and password information.

If you encounter any problems or there is information you would like to see included on WOMA's website, please contact Kathie Itter at kitter@woma.org.

Mentors Needed

As interest in osteopathic medicine continues to grow, and medical schools are now requiring shadowing experiences for applicants, the WOMA office is experiencing an increase in requests for shadowing opportunities from pre-med students. Of particular need are opportunities in the Seattle/Puget Sound Region because of the number of premed programs in that area.

What does shadowing entail? The experience varies, but most students are looking for at least one day they can spend with a physician in the clinic and/or hospital setting, observing patient visits and the interaction with staff and colleagues. Permission must be obtained from each patient to have a student in the room, and you should have reading materials available for the student when patients decline.

Most students will be seeking a letter of recommendation for their application to osteopathic medical school, so you should allow some time for a short interview and ask them to bring a resume and a postage paid preaddressed envelope to the admissions officer.

We are grateful to those on the list below who have agreed to shadow premed students. If you are not on the list and would like to be, please send an email to kitter@woma.org with your name, office address, contact phone number and practice focus. If you need to be removed from the list, please send an email to kitter@woma.org.

Anesthesiology

Michael Hannan, DO
Dale P Lewis, DO
John Martig, DO

Cardiology

Raju Patel, DO

Dermatology

Paul Ross, DO

Emergency Medicine

Juan Acosta, DO

Jim Clark, DO

Jeff Evans, DO

Louis Koussa, DO

Family Practice/OMT

Joseph Badolato, DO

Ronald Couturier, DO

Joseph DiMeo, DO

Shelly Dueber, DO

Daniel Dugaw, DO

John Fackenthal, DO

John Finch, DO

Cynthia Garner, DO

John Hunholz, DO

Jeffrey Jamison, DO

Daniel Katz, DO

Karl Kranz, DO

Suzanne Laurel, DO (Also OBS)

Larry Lefors, DO

William Powell, DO

Michael Quirk, DO

KB Schaetzel-Hill, DO

Cheryl Snyder, DO

Lynda Williamson, DO

Family Practice

Jencina Butler, DO

William Cox, DO

Tammy D'Souza, DO

Shannon Dramis, DO

Lawrence Foltz, DO

Sherilyn Foltz-Cook, DO

David Gamrath, DO

Lisa Steffenson-Gamrath, DO

Renato Geralde, DO

Mark Hart, DO

David Hofheins, DO

Virginia A Hrywnak, DO

Susan Jones-Kubeska, DO

Wayne Kim, DO

Duncan Lahtinen, DO

Anthony Lundberg, DO

Billy Nordyke, Jr, DO

Gary Pingrey, DO (Gig Harbor

students/residents only)

David Ryan, DO

K. Burnell Schaetzel-Hill, DO

Samuel Schneider, DO

Donald Sinden, DO

Steven Smith, DO

Ellen Stehouwer, DO

Ryan Tolley, DO

John Van Buskirk, DO

Aaron Vawter, DO

Christen Cage Vu, DO

Gastroenterology

Robert Dy, DO

Gynecology

Lisa Galbraith, DO

Catherine Hunter, DO

Hematology/Oncology

James Congdon, DO

Internal Medicine

Ken Cathcart, DO

James Congdon, DO

Robert Dy, DO

Jeremy Graham, DO

Raymond Hutson, DO

Joseph Palermo, DO

Craig Reider, DO

Neurology (also OMT)

Samuel Coor, DO

Neuromuscular Medicine

See Osteopathic Manipulative

Medicine

OB/GYN

Lisa Galbraith, DO

Ann Hoffman, DO

Suzanne Laurel, DO

Ryan Tolley, DO

Sharon Cathcart, DO

Ophthalmology

Roy Bartlett, DO

Ellie Griffin, DO

Michael Solomon, DO

Howard Straub, DO

Orthopedic Surgery

Brent Bingham, DO

Wendy Heusch, DO

James Holstine, DO

James Lamberton, DO

Chris Peterson, DO

Justin Sherfey, DO

Osteopathic Manipulative Medicine (OMM)

Juan Acosta, DO

Stephen Cavanaugh, DO

Samuel Coor, DO

Steven Leifheit, DO

Edward Posuniak, DO

Maureen Sacon, DO

Greg Sharp, DO

Don Woods, DO

Pain Management

Dale P Lewis, DO

Pediatrics

Thatcher Felt, DO

Lawrence Larson, DO

Melissa Lemp, DO

Imka Lavinder, DO

Pediatric OMM

Stephen Cavanaugh, DO

Psychiatry

Jeff Hedge, DO

Physical Med & Rehab

Jon Geffen, DO

Kelvin Franke, DO

Cheryl Hayes, DO

John Long, DO

Sean Mullin, DO

Edward Posuniak, DO

Patrick Soto, DO

Pulmonary

Kittredge Baldwin, DO

Radiology

John Bartow, DO

Matt Hrstich, DO

Radiation Oncology

Peter Grimm, DO

Sports Medicine

Wendy Heusch, DO

Robert Nooney, DO

Surgery/General

Thomas Steffens, DO

Not all DOs use OMT in their practice. Family practitioners indicating they do are listed under Family Practice/OMT. Others on this list may also use OMT, but did not indicate so on the form.



Bear Droppings.....

by Loren H. Rex, D.O.

I suppose looking back, my hip problems actually started when I was born. I was walking by nine months and my mother's nick name for me was "Paddle duck" so I doubt that I ever had a smooth gait. My right leg was always a bit shorter than the left but not enough to be a problem. I don't really remember any specific injuries to my right hip but I can remember plenty of opportunities for damage. Sports, and the circus years provided a great many opportunities to find myself on my butt when I wasn't really expecting to be there. The last five or so years seemed to be a time of increasing problems, but I could always apply the Republican approach to health care and "walk it off" as my coaches had insisted on over the years. Get some care when it became bad but basically "suck it up" and keep going. My statement to patients was always "I can't imagine a day without pain and I can't imagine a day when the pain is going to win". That was then, this is now. I have decided that this year I will begin all pain lectures with an apology for my complete lack of pain knowledge in the past. I had my tonsils out when I was 6 years old and only remember the ether that still occasionally produces unpleasant flashbacks with certain smells. I broke my finger in a football game when I was around fourteen and that was my medical history until the last couple of years.

About a year and a half ago, Chris Peterson x-rayed the hip and it looked like there was an outside chance it might be a candidate for resurfacing. Then over the last year I got a lesson in how fast a hip joint can disappear. Over that year I went from some space, to bone on bone and trust me bone on bone is not the way to live your life. I made an appointment with an Orthopedic Surgeon and his approach was simple. He placed the new x-rays on the view box, turned to me and said "you're a doctor, what do you think. My answer was simple, "looks like I need a hip surgery". "Right answer, make an appointment",

Like a typical doctor I thought, I will wait until over the holidays and get it done. I selected December fifteenth so it wouldn't interfere with my practice and settled into waiting my chance to go to beautiful Ballard and the welcoming arms of the Swedish Hospital system.

I began to learn how the system works and the very small part I would be assigned in the Grand Drama I would be caught up in. One of the first and worst problems was that if you look in the dictionary under "White Coat Hypertension" there is a picture of me. A very apprehensive me but easily recognized as the Bear who hates stethoscopes. "My God, do you know what your blood pressure is?" "I know what it is at home and I suspect it is about 200 over 100 now." "Are you on any medication? Yes HCT. "You need more than that". "I only need medication when I see your stethoscope." Look in the PDR and I have been on the antihypertensive and look at the side effects and I can explain them too. Everything about me is up in the morning including my blood pressure and that just continues to fall during the day. By evening it is around 130/70 and that is good enough for me. So after promising Tom Jansen of the staff of the Sports Medicine Clinic that I would worry about my blood pressure I got the usual admonition, "You know for an old fat guy that doesn't take care of himself you're in pretty good shape" and I got the needed piece of paper that would let me exchange my hip for a brand new metal appliance valued well above my car.

Someone asked my how I would find anything funny to write about a hip replacement. Don't worry I said, I have a cast of thousands to do something I find funny. It didn't take long. Linda, my office lady, had agreed to be my driver and to stay with me for the surgery so she was to pick me up at O-dark-thirty and take me to Ballard for the first surgery of the day. I'm up about

three thirty to take my obligatory bath with the skin removing soap the hospital gave me during orientation. I am to not wash above my neck and to leave the soap on for at least 20 seconds or long enough to sing Happy Birthday. So there I am in the shower doing my lobster imitation as the soap removes the top three layers of my pelt. After finishing the song I start to step into the water and remove this burning irritant and the water is ice cold. No adjusting of the knobs is going to change the situation: there is no hot water The only feeling left in my skin is I can still feel ice applied to it from the shower head. I finally got the Oil of Mustard prep soap removed and attempted to touch what was left of my deep dermis with a terry towel. A superstitious man would have called in and cancelled the surgery after such an inauspicious beginning but I am neither superstitious or apparently too smart. The show must go on. We arrived at the Hospital well ahead of anyone who might possibly be involved with surgery and began to wander around looking for someone to check me in. Eventually a guard appeared and asked if we were here for surgery. We told him yes and he said to look around for an open room and make ourselves comfortable. Apparently, like so many other things, terrorism has not come to Ballard. To be continued.

Bear



From left: Drs. Dan Wolf, Mike Scott, Lindy Griffin, Harold Agner, Steven Leifheit and Executive Director Kathie Iiter bring holiday cheer to the recovering Bear, complete with blinking light Santa hats.

House Bill 2876 *(continued from page 4)*

Below is the striker language pertaining to osteopathic physicians. The same language has been proposed for podiatrists, dentists, allopathic physicians, PA's, ARNP's and CRNA's.

NEW SECTION. Sec. 3. A new section is added to chapter 18.57 RCW 22 to read as follows:

(1) By December 1, 2010, the board shall repeal its rules on pain management, WAC 246-853-510 through 246-853-540.

(2) By June 30, 2011, the board shall adopt new rules on chronic, non-cancer pain management that contain the following elements: a) Dosing criteria, including a dosage amount that must not be exceeded unless an osteopathic physician and surgeon first consults with a practitioner specializing in pain management; (b) Guidance on when to seek specialty consultation and ways in which electronic specialty consultations may be sought; (c) Guidance on tracking clinical progress by using assessment tools focusing on pain interference,

physical function, and overall risk for poor outcome; and d) Guidance on tracking the use of opioids, particularly in the emergency department.

(3) The board shall consult with the agency medical directors' group, the department of health, the University of Washington, and the largest association of osteopathic physicians and surgeons in the state.

(4) The rules adopted under this section do not apply: a) To the provision of palliative, hospice, or other end-of-life care; or b) To the management of acute pain caused by an injury or a surgical procedure, except to the extent that special requirements are needed for opioid-dependent patients experiencing such acute pain.

EFFECT: The striking amendment:

(1) Requires the new pain management rules to be adopted by June 30, 2011, instead of December 1, 2010;

(2) removes the requirement that the dosing criteria be based on the guidelines

developed by the Agency Medical Directors' Group and instead requires that the dosing guidelines include a dosage amount that may not be exceeded without consulting a pain management specialist;

(3) exempts end-of-life care from the rules relating to podiatric physicians and surgeons (which makes the rules uniform with the rest of the boards' and commissions' rules);

(4) requires that the boards and commissions adopting the rules consult with the largest professional organizations of the professions they regulate (instead of requiring them all to consult with the Washington State Medical Association); and

(5) removes the provisions requiring the Optometry Board to adopt pain management rules.

All providers affected by this bill are encouraged to ask their House members to approve the striker amendment when submitted by Rep. Moeller on the House floor.