

DO Day in Olympia

On January 24th forty osteopathic physicians, students, administrators and staff arrived in Olympia and spent the day meeting with legislators, providing blood pressure checks and osteopathic manipulative treatments. More than half the participants boarded the bus in Yakima before 6:00 a.m. to take part in the fifth annual DO Day in Olympia.

Appointments were made with constituents and packets were delivered to all of the members of the House and Senate. The day started with a briefing provided by WOMA lobbyist David Knutson. Because most appointments only last ten to fifteen minutes, four issues were chosen as topics of discussion. First was a **budget request** to continue primary care Medicaid reimbursement at Medicare rates beyond the current two-year limitation. This will enable more providers to afford treating Medicaid patients.

House Bill 2109, if approved, would provide GME funding for programs through the University of Washington. We successfully lobbied for an amendment that added Pacific Northwest University of Health Sciences in Yakima to the definition of "school of medicine" for the purposes of the development of residency programs. Specific direction that the Dean of the School of Medicine at the University of Washington (UW) shall be responsible for the development

and expansion of residency programs in the state and in southeastern Washington is replaced with a direction that the school of medicine shall be responsible. Specific direction that the Chair of the Family Medicine Department at the UW support accredited, high quality residency programs is replaced with a direction to the school of medicine.

Senate Bill 6016 (companion House Bill 2571) The federal Affordable Care Act regulations provide a 90-day grace period to enrollees in Exchange qualified health plans who receive an advance premium tax credit but fail to pay their premiums, if they have paid at least one full month's premium during the benefit year. The health insurance carrier must pay all appropriate claims for services rendered in the first 30 days, and may pend claims for services rendered to the enrollee in the second and third months of the grace period, leaving the provider responsible for the cost. The carriers must notify providers of the possibility for denied claims when the enrollee is in the second and third months of the grace period. This bill requires all health insurance carriers offering qualified health plans in the Exchange to pay claims for any services provided to an enrollee during the full duration of the contract, including the grace period. The carrier must provide a notice to a health care provider or health care facility that an enrollee is

in a grace period if the provider or facility: submits a request to the carrier regarding the enrollee's eligibility, coverage, or health plan benefits; submits a request to the carrier on the status of a claim for services rendered; or reports a claim in a remittance advice; and the request or claim is for a date during the second or third month of the grace period. Within 72 hours of receiving the request or claim, the carrier must provide notice to the provider or facility through the same method in which the claim or request was submitted. The notice to the provider or facility must include the purpose of the notice; the enrollee's full legal name and unique identifying numbers; the name of the qualified health plan and the carrier; the qualified health plan's unique plan identifier; and the dates on which the grace period began and when the grace period expires.

House Bill 2315 is the return of Representative Tina Orwall's efforts to require all physicians to complete six hours of CME in suicide assessment training every six years. WOMA continues to argue that physicians already receive sufficient training. The problem with accessing appropriate care is not the failure of physicians to appropriately diagnose or willingness to refer, but getting the patient into the system. In order to prevent suicides, the barriers to assessment,

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Several of the WOMA members and PNWU students participating in DO Day in Olympia assemble for this Kodak moment at the end of the day.



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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.

Notice of Meetings

Saturday, March 22, 2014

WOF Board

5:45 p.m.

WOMA Board Dinner

6:15 p.m.

Hilton Doubletree Guest Suites/
Southcenter
16500 Southcenter Parkway
Seattle

Getting to Know You

WOMA is pleased to welcome the following new Active members:

James Boswell, DO is a 1973 graduate of MSU-COM. He completed a rotating internship with special emphasis in Internal Medicine in the US Navy in 1974 and a Family Medicine residency at the Osteopathic Medical Center of Philadelphia in 1976. He has a lifetime Fellowship in the College of Emergency Physicians and is certified in Family Practice and Occupational and Environmental Medicine. He currently practices Occupational Medicine for HealthWorks.

Long Nguyen, DO graduated from Nova Southeastern University COM in 2009 and did his postgraduate training in Family Medicine at Valley Medical Center and Kaiser Permanente Orange County. His Family Medicine practice is in Renton.

William Rambo, DO is a 1984 graduate of ATSU. He completed a rotating internship at Michigan Osteopathic Medical Center in 1985. After practicing family medicine with his father in Bellingham from 1986 to 1992, Dr.

Rambo served in the military in several capacities, including flight surgeon in the US Navy in Hawaii, Washington and Texas. He is recently retired from the military, working locum tenens in Urgent Care.

Janmeet Sahota, DO received his DO degree from UMD-NJSOM in 2002. He completed a rotating internship and an orthopaedic surgery residency at Peninsula Hospital Center in Far Rockaway, NY and a spine surgery fellowship at Johns Hopkins University in 2008. He practices at Tri-City Orthopaedic Clinic in Kennewick.

Yvonne Marie Dee Yang, DO graduated from ATSU in 2005. She completed an internship with Emergency Medicine Emphasis in 2006 and an Emergency Medicine Residency at Ohio University COM Doctor's Hospital in 2009. She received her Masters in Medical Management from William E Simon Business School at University of Rochester, NY in 2011. She practices in the Department of Emergency Medicine at St. Joseph Medical Center, Tacoma.

Governor Seeks Applicants

Governor Jay Inslee is accepting applications for appointment to the Board of Osteopathic Medicine and Surgery. Two terms will be expiring in July of this year and at least three nominees for each position are desired.

The Board is made of six DOS and one public member appointed by the Governor. Physician members must have been in active practice for at least five years immediately preceding appointment. All members must be citizens of the United States and residents of Washington State.

The following expectation guidelines are intended to serve as a reference for current members and for prospective appointees of the Board:

1. Attend regular board meetings, held six times a year on Fridays during business hours. There is also a Department of Health one-day Board, Commission and Committee Conference.
2. Participate in telephone conferences to close cases. These take about two hours and are usually done between board

3. Participate in settlement conferences with respondent's attorney, staff attorney and/or board staff, usually at the convenience of the reviewing board member and can take several hours. The number held each year depends on the number of cases charged for that board member.
4. Participate on hearing panels from one day to several days two to three times a year. Hearings may be held in the respondent's practice area to accommodate witnesses. A panel of three members is generally utilized to hear disciplinary cases. All board members are not required to participate in every hearing.
5. Prepare for all meetings by reading materials sent one to two weeks in advance of the scheduled meeting date. In addition, between eight and 24 hours are spent in reviewing complaint files prior to each meeting.

Interested, eligible DOs are encouraged to submit an application now. For information and an application go to <http://www.governor.wa.gov/boards/application/default.aspx>.

Welcome New Members

At its meeting on December 6, 2013, the Board of Governors approved the following applicants for membership:

Active

James Boswell, DO MSUCOM'73
Long Nguyen, DO NSUCOM '09
William Rambo, DO KCOM'84
Janmeet Sahota, DO UMDNJ '02
Yvonne Yang, DO ATSU '05

Post Graduate

David Escobar, DO PNWU'13
Garrett Jeffery, DO COMP'12
Jaime Klippert, DO PNWU'12
Kelly Noyes, DO PNWU'12
Andrea Payne Osterlund, DO PNWU'12
Regan Riles, DO AZCOM'13
Heather Ross, DO PNWU'13
Laura Turgano, DO ATSU-SOMA'13

Associate Military

Jason Durbin, DO AZCOM'02

Student

Eileen Domingo COMP-NW'16
PNWU Class of 2017:
Weston Anderson
Jeffery Armaly
Erik Arnits
Spencer Augustin
Jonathan Bale
Joseph Beck
Benjamin Benitez
Ethan Berg
Brandon Bilyeu
Evgeny Bistrika
Ryan Blaser
Caitlynn Brendall
Austin Brown
Katie Camarata
Alexa Celerian
Satabdi Chakrabarti
Margaux Chan
Benjamin Chou
Dana Comeslast
Nari Corley-Wheeler
Hang Minh Dao
Bryon Davis
Jessie Davis
Lauren Delana
Allyne Delossantos
Mercedes Diaz

Dolly Do
Natasha D'Souza
Steven Engebretsen
Marcus Fazzari
Danielle Feldhaus
Harrison Fleming
Michael R Fox
Patrick Fox
Rebecca Fox
Leia Franchini
Tyler Girdler
Anthony Hafez
Teresa Halley
Dennis Heaton
Rebekah Hernandez
Daniel Hinds
Thien Ho
Charissa Hobbs
Daniel Hoffman
Andrew Jones
Priyanka Kamal
Benjamin Kregg
Colin Kenny
Daniel Kim
John Kim
Thomas Kirchebe IV
Christine Kolwitz
Andrew Kowalski
Erika Kristensen
Danielle Kusmider
Jena Lalich
Stephanie Landreth
Michael LaRoy
Aileen Larson
Tanya Lawrence
Jenny Le
Angela Lightner
Alejandro Lopez
Jennifer MacSwords
Onel Martinez
Benjamin May
Brett McBride
Amber McDonald
Ryan McKinley
James McMullin
Julian Mendes

Benjamin Miller
Mua Ngo
Nguyen Nguyen
Vy Nguyen
Cullen Owen
Helena Pang
Priya Panneerselvan
Cris Perez
Cory Pickett
Rachel Pontemayor
Jason Postlethwaite
Michael Poulos
Aaron Price
Taufiq Rajwani
Sara Ramquist
Caitlin Reed
Andrew Remm
Adam Reno
Timothy Rinden
Stacey Rittmueller
Robert Sargent III
Audrey Seizer
Lemuel Sibulo
Aubrey Siegel
Alainna Simpson
Andrew Smith
Lindsey Smith
Hunter Spencer
Chris Stanley
Ryan Starr
Emily Stratton
Erin Swieter
Scott Syndergaard
Shane Tickitt
Aleksey Tagintsev
Lindsey Tanaka
Tracey Taylor
Christopher Tracz
Cindy Tran
Shannon Tuohy
Kim Turner
Carlos Vargas
Richard Wadsworth
Danielle Welch
Katherine Wyrick
Kevin Yeo

DO Day cont. from page 1

treatment and sharing of information that currently exist must be dealt with, such as: a) protection for the physician to reach out to family members if a patient is suicidal, the Health Information Portability and Accountability Act (HIPAA) prevents this without patient permission; b) legislative change in the law (71.05 RCW) regarding the involuntary commitment process. The County-Designated Mental Health Professional, or CDMHP, or MHP, who has a master's level degree, trumps any clinician, including a physician who has been working with the patient for many years. The law says that it is the MHP who makes the final decision as

to whether a patient is involuntarily committed for suicidal ideation, or being "gravely disabled, or a danger to self or others." What the MHP determines after a one or two hour evaluation, has more credence than what a psychiatric opinion is after having worked with the patient for five or 10 or more years, because that's what the law says; c) more resources for families who need help with a mentally ill relative.

The osteopathic profession appreciates the time taken by the following to participate in DO Day: Harold Agner, DO, Rachael Banda, Evgeny Bistrika, Elisha Bremmer, Austin Brown, Brian Christensen, Mischa Coleman, DO, Natasha D'Souza,

Dan Dugaw, DO Emily Duplessis, Patricia Eguatu, Scott Fannin, DO, Amber Figueroa, DO, Benjamin Finch, Jr., Michael Fox, Jan Hallock, Vihangi Hindagolla, Daniel Hinds, Thien Ho, Anna Kenney, Thomas Kincheloe, Vicky Koch, Melissa Lemp, DO, David Lukens, DO, Asra Mazhar, Jarrad Morgan, Megha Patel, Cris Perez, Amanda Quach, Sukhbir Randhawa, Caitlin Reed, Katina Rue, DO, Thomas Scandalis, DO, Alainna Simpson, Amber Sinicrope, Andrew Smith, Wendell Snodgrass, Keith Watson, DO, Lynda Williamson, DO and Kathie Itter.

There are several other bills that WOMA is watching dealing with a variety of healthcare issues. Look for a legislative update soon.

In Memoriam

Charles Schuetz, DO

Dr. Charles "Charlie" B. Schuetz, D.O., of Edmonds, WA passed away on December 28, 2013. Charles was born on April 16, 1950 in Kirksville, Missouri to Dr. Hugh A. and Elizabeth Schuetz. A graduate of the Kirksville College of Osteopathic Medicine in 1975, he established a practice in Washington State in 1976. He returned to Kirksville in 1983 for a residency in Osteopathic Manipulative Medicine. He was the first to ever complete this program.

In 1984 Dr. Schuetz settled and opened his practice in the Seattle, then Edmonds area. Over his long career he was able to help thousands of people.

An active participant in the community, he was a member of The Scottish Rite of Freemasonry to the 32° at the Edmonds Lodge No. 165 and a Shriner. He was often at the Nile Shrine Golf Center where he was a member of the Nile Men's Golf Club. Rain or shine, he would be out on the course with his brothers.

Dr. Schuetz served the Washington Osteopathic Medical Association in several capacities, including President in 1982-83.

He is survived by his wife, Christine, and daughter, Elizabeth, both of Edmonds; brother, Dr. Hugh A. Schuetz, D.O., and his wife, Deborah, of St. James, Missouri. A celebration of his life will be held at a later date in the summer.

Warren Lawless

Warren Lawless passed away in the early hours of January 13th, 2014 at the age of 95. He was born in June 1918 in Bremerton WA.

Warren served as WOMA's Executive Director from 1967 through 1988. Warren spent his life in public service; he served over 30 years as Chairman of Western University of Health Sciences, winning numerous awards for his dedication of service to the school.

For 50 years he was a member of the West Seattle Kiwanis Club, serving as secretary/treasurer and last year as President.

Some of his honors include: Honorary Degree, Doctor of Humane Letters August 1980; West Seattle Chamber of Commerce, 110% award; Kiwanian of the Year 1979-1990; Western University Humanism in Medicine Award, American Osteopathic Association Distinguished Service Award and he was the first recipient of WOMA's Lifetime Achievement Award which bears his name.

Warren was preceded in death by his wife, Betty May Brant Lawless, in 2009.

He is survived by his brother John Lawless and sister, Mary Margaret Kiesel; sons Jack (Jennifer) and Michael; two grandsons and their wives and four great-grandchildren.

A memorial was held at the West Seattle Golf club on January 25th.

DOH Rulemaking

Board of Osteopathic Medicine and Surgery

Endorsement application and active renewal licensing fees were reduced from \$600 to \$425 for DOs as of January 1, 2014. In addition, the \$70 fee charged for approval of a Physician Assistant practice plan (now called a Delegation Agreement) has been removed.

Collaborative rulemaking with the Medical Quality Assurance Commission is progressing on proposed changes to PA supervision. The next scheduled meeting is February 12 and is open to the public.

At its meeting on January 24th, the Board approved rulemaking to update the list of examinations available, reduce barriers for delegation of laser, light, radio frequency and plasma devices, establish requirements for a retired active status credential and requirements for re-entry to practice, along with some general housekeeping changes.

Thirty days after the meeting, a CR-102 will be distributed, announcing the proposed changes to the public. It provides the date, time, and location of the public hearing(s), the deadline to submit comments, and the process for submitting comments. If appropriate, a Small Business Economic Impact Statement (SBEIS) is filed with this notice.

PQRS - Will You Get an Incentive Payment or a Payment Adjustment?

2014 is the last year you can earn an incentive payment for reporting PQRS data to CMS. 2014 participation in PQRS will also determine if you are subject to a 2016 PQRS payment adjustment. If you have not participated in PQRS now is the time to start to avoid the 2016 payment adjustment.

Step 1: Determine if you are eligible
Step 2: Determine which measures to report

Step 3: Report your quality measures
Need help? The AOA developed the Clinical Assessment Program (CAP) for PQRS to provide physicians with an opportunity to receive enhanced payment from CMS and understand how patients are doing using evidence-based process and outcome measures. Register now to participate in the 2014 AOA Clinical Assessment Program (CAP) for the Physician Quality Reporting System (PQRS) to earn a potential bonus incentive and avoid a penalty in 2016.

WOMA Coming Events

Preparing for ICD-10-CM

Janneen Lambert, CPC, CPC-H

Friday, March 21, 2014 Doubletree Guest Suites, Southcenter
(Registration available soon)

WOMA Spring Seminar

Pain Management: Risks and Resources

Saturday March 22, 2014 Doubletree Guest Suites, Southcenter
Marc Cote, DO, Program Chair
Registration available now pages 10 & 11

2014 Annual Convention

June 19-22, 2014

Skamania Lodge, Stevenson

PNWU Update

Students Prepare for DO Day in Olympia

DO Day provides an opportunity for members of the Washington State legislature to talk first-hand to osteopathic physicians from WOMA and osteopathic medical students from PNWU. In preparation for this experience, students attended a workshop with PNWU Associate Dean of Medical Student Affairs, Stephen Laird, DO.

Dr. Laird, a former health policy fellow and advocate for the osteopathic physician community discussed the importance of staying connected to political affairs. He also advised students about opportunities for health policy fellowships and spoke about his experience serving and making recommendations to elected government. Ryan Rodruck, a former lobbyist and political science expert also delivered a presentation complementing Dr. Laird's position. Rodruck presented a high level view of Washington State government. His presentation titled "Olympia 101" defined the roles of political aides or tutorials indicating how PNWU students should address and inform

legislature about osteopathic medical education and health policy.

"DO Day is a great experience for any budding physician," Said PNWU student Ben Finch. "Having the chance to talk with legislators not only gives us the chance to influence health policy in a small way, it also helps us understand what the process of changing laws is like. Events like this are of the utmost importance. If policy-makers don't receive information about the laws they're making, they will make uninformed choices. Who better to act as experts in this matter than doctors and medical students. Also having the chance to meet my representatives and talk to them about health policy is a lot of fun."

PNWU- COM Dean Thomas Scandalis will attend DO Day this Friday, January 24, 2014. Dr. Scandalis and WOMA members will accompany 29 osteopathic medical students from PNWU during scheduled appointments with legislators. "I am Impressed with the cooperative and collaborative relationship between our

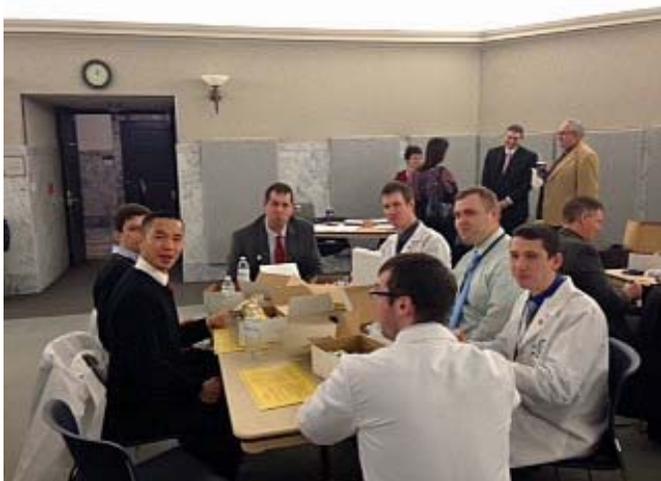
organizations," Said Dr. Scandalis as he described his upcoming agenda for DO day. "I believe in our students and their ability to represent the osteopathic community and PNWU."

In addition to arranged meeting, health care and higher education legislative committee members students will also meet with their local representatives and with more than 50 percent of our student body from Washington State, the day will be eventful.

A drop-in luncheon hosted by WOMA will provide a forum and inquisitive environment for osteopathic physicians and students to demonstrate osteopathic manipulative medicine and a blood pressure screening.

"With 1 in 5 US medical students entering osteopathic medicine, we have a responsibility to lead and inform the next generation of osteopathic physicians. Organizations like WOMA in conjunction with our efforts as health education administrator's will set build commonality between government and medicine," Said Dr. Scandalis

DO Day Provides Access to Legislators for Timely Topics



Newly appointed member of the House of Representatives Graham Hunt (seated third from left) met with students over lunch to discuss legislative proposals.



From left: Patricia Egwuatu, Melissa Lemp, DO, Representative Mark Hargrove, and Jarrad Morgan join others in a discussion of issues.

Clinical Affiliation Agreement Workgroup Convened

A workgroup has been convened by the Department of Health (DOH) in response to language included in the budget bill passed by the Legislature in 2013 intended to standardize language that can be used by medical, osteopathic and nursing programs and health care facilities in establishing training opportunities for students. This project is an extension of the work of the Health Care Personnel Shortage Task Force (Task Force), which is part of the Workforce Training and Education Coordinating Board. The Task Force's 2012 Report noted that "clinical placements are an integral part of the education and training in many health care professions", and went on to state that the absence of standardized agreements "creates unnecessary complexity and duplication of effort spent creating, editing and negotiating similar agreements across the state."

Specifically, the 2013 legislation directs this workgroup to develop either standardized provisions for medical, osteopathic and nursing agreements, or separate standardized provisions for each profession's agreements. The legislation also requires the workgroup, which will be staffed and facilitated by the DOH, to report back to the legislature in November 2014. Five to six half-day meetings are anticipated, approximately monthly, during the first half of 2014 in order to complete this work.

The membership of the workforce is comprised of representatives from, at a minimum: two-year institutions of higher education; four-year institutions of higher education; the University of Washington medical school; the Pacific Northwest University of Health Sciences College

of Osteopathic Medicine; the Health Care Personnel Shortage Task Force; statewide organizations representing hospitals and other facilities that accept clinical placements; a statewide organization representing physicians; a statewide organization representing osteopathic physicians and surgeons; a statewide organization representing nurses; a labor organization representing nurses; and any other groups deemed appropriate by DOH in consultation with the health care personnel shortage task force.

WOMA is represented by Steven Leifheit, DO. PNWU is represented by Juan Acosta, DO and Anita Showalter, DO. The first meeting was held January 29th. According to Dr. Showalter, representatives of training programs including medical education, osteopathic medical education, physician assistant and nursing programs were there. Discussion was lively and included comparisons of challenges in gaining access to clinical training sites and the sometimes arbitrary barriers that are placed before students. Some of the barriers include unreasonable frequency of drug testing, variations in immunization requirements that are not consistent with CDC guidelines and interpretation of background check requirements. Attendees agreed that there should be common ground for standardization of requirements, but that the facilities need to be at the table.

Standardized agreements from various sources were shared with attendees as examples of the work that will be done. A series of meetings will be scheduled to process the work as well as inviting other stakeholders.

Bree Collaborative

The Bree Collaborative is a statewide public/private consortium established in 2011 by the Washington State Legislature "to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State." Members are appointed by the Governor to 3, 4, or 5 year terms and include representatives from public and private health care purchasers, employers, health plans, providers, and quality improvement organizations. The Bree Collaborative meets six times a year to identify health care services or topics with substantial variation in practice patterns and/or high utilization trends that do not produce better care outcomes. After selecting a service or topic, the Bree convenes an expert workgroup to develop recommendations to send to the Health Care Authority that guide state purchasing for programs (e.g., Medicaid, Public Employees Benefits Board). The intent is for other public and private stakeholders to follow.

The legislative mandate asks for one Osteopathic Physician, chosen among five nominees submitted by the Washington Osteopathic Medical Association. Candidates should have some experience in Health Policy.

WOMA's representative, Robyn Phillips-Madson, DO was an excellent advocate for the osteopathic profession. She recently left Washington to be the founding Dean of a new osteopathic medical school in San Antonio, TX. Participation requires a lot of listening and making sure that DOs are not overlooked. It may also require conveying information to or soliciting opinions from the osteopathic profession through WOMA.

Meetings are scheduled (usually in downtown Seattle) from 12:30pm to 4:30pm for the following dates:

- Wednesday, March 19
- Wednesday, May 21
- Thursday, July 17
- Wednesday, September 17
- Thursday, November 20

If you are interested, qualified and would like to be considered for this position, please email your CV to kitter@woma.org by February 11, 2014.

**Reserve the Dates and Plan to Attend!
101st Annual Northwest
Osteopathic Convention
June 19-22, 2014
Skamania Lodge, Stevenson, WA**

WOMA Joins Coalition

WOMA has joined a Primary Care Coalition of organizations who are supporting a proposal to the 2014 Supplemental Budget to maintain fair Medicaid compensation to primary care providers. To ready Washington State for the Medicaid expansion, the federal government brought Medicaid payments for certain primary care services and some preventive health services up to current Medicare reimbursement levels for the 2013 and 2014 calendar years. It is fully federally funded through December 2014.

The \$24 million request for the supplemental budget is to cover a six-month funding gap due to a calendar oversight, from January 2015 to July 2015, to maintain Medicaid payment rates for primary care physicians at Medicare reimbursement levels. Because the federal calendar ends in December and the state's fiscal calendar starts in July, this funding must be included in the current 2014 supplemental budget to cover the January-June 2015 time period.

A gap in funding may mean patients could have difficulty finding a provider and lose continuity of care, which is especially critical for people with chronic conditions such as diabetes.

Many primary care providers decided against taking on new Medicaid patients even with the primary care payment increase, because the federal funding was only temporary. Without a commitment from the state to cover the calendar gap, physicians will not have the economic stability they need to begin accepting new Medicaid patients.

Medicaid payments fall far short of physicians' costs to provide the care. The payments are just 66% of

Medicare payment rates. This unfair burden is a major barrier to physicians taking Medicaid patients and has created a shortage of Medicaid providers. Limited access to care affects a significant portion of Washington's population, as Medicaid serves more than 1 million low-income residents, including 472,000 children (42% of Washington children). In rural areas, lack of Medicaid providers leaves many Medicaid enrollees with serious barriers to finding and getting to care. The expansion of Medicaid this year will create increased demand for care across the state. It is estimated that the U.S. will face a shortage of more than 52,000 primary care physicians by 2025.

Without access to quality primary care, preventable emergency room visits increase while health outcomes worsen, costing the state money, productivity and lives. Contrary to common perception, physicians and other practitioners only receive a small portion of Medicaid expenditures. In fact, physician fees only account for approximately 5.42% of total Medicaid expenditures in Washington.

Other Coalition members include Pediatrix Medical Group, Washington Academy of Family Physicians, Washington Chapter of the American Academy of Pediatrics, Washington State Hospital Association and Washington State Medical Association.

The Federal match for any rate increase would draw down a 50% match for legacy Medicaid and 100% for Medicaid Expansion. Using these figures, to continue this funding through the 2015-2017 biennium would require a \$100 million investment by the State.

Is Your Online Listing Correct?

Are you an Active member of WOMA? If so, go to www.woma.org and select the "Find a DO" tab. Put in your last name, select "search" and check the information that comes up. If the information has changed, log in using the email you provided to WOMA and your password. Or, send an email to kitter@woma.org with the correct information.

Washington D. O.

This directory is one of several benefits of WOMA membership. If you are not a member and would like to join, go to www.woma.org and print out an Active Member application under the Membership tab. Submit it with your CV and application fee of \$25. If you need assistance, call the WOMA staff at 206-937-5358 or email kitter@woma.org.

Winter 2014

Physician of the Year

The WOMA Board of Governors is accepting nominations for WOMA Physician of the Year for 2014. The award is made to a DO who demonstrates competency in osteopathic medicine and compassion for humanity. It may be someone involved in training osteopathic medical students or residents. It could be someone involved in community outreach, medical missions or youth sports programs.

Nominations may be made by colleagues, students, residents, staff, patients or family members. Please submit your letter of recommendation to WOMA Board of Governors, PO Box 16486, Seattle, WA 98116-0486 or email to kitter@woma.org. The deadline is March 1, 2014. The recipient will be announced at the 101st Annual NW Osteopathic Convention on June 28 at Skamania Lodge.

Call for Speakers

WOMA provides between 40 and 50 hours of AOA Category 1-A CME each year. While most programs are designed for primary care, WOMA is very interested in providing specialty CME. To do that, a program chair and committee is needed to help meet the accreditation requirements of DO speakers, needs assessment, evidence based need resources (journals, websites, federal and state statistics, etc.), and moderator for each program. If you are interested in chairing a particular specialty program, please contact Kathie Itter, Executive Director at 206-937-5358 or kitter@woma.org.

If you are an osteopathic physician who is interested in speaking at future WOMA CME programs, you are encouraged to submit your current CV along with a list of topics and at least one evidence-based need resource for each topic to kitter@woma.org or mail to the WOMA office at PO Box 16486, Seattle, WA 98116-0486.

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Large Physician Groups Will Be Paid For Quality Using Medicare's VBM

Starting in 2015, physicians will be paid for the quality of care they provide. These payments will be based on Medicare's Value-Based Payment Modifier (VBM).

The VBM provides for differential payment to a physician or group of physicians under the Medicare Physician Fee Schedule (PFS) based upon the quality of care furnished compared to cost during a performance period. The Affordable Care Act requires that the VBM be applied to specific physicians that the HHS Secretary determines appropriate starting January 1, 2015, and to all physicians by January 1, 2017. The VBM applies only to physician payments under the Medicare PFS. Since the program is budget neutral, reductions in payments to low performing physicians will finance increases in payments to higher performing physicians.

Beginning in calendar year (CY) 2015, the VBM will affect Medicare payments to physicians in groups of 100 or more eligible professionals (EP) based on 2013 performance on quality and cost measures. In 2016, the modifier will apply to physicians in groups of 10 or more EPs based on 2014 performance. In 2017, the modifier will apply to all physicians based on 2015 performance.

Additionally, for 2015 and 2016, the VBM does not apply to groups of physicians in which any of the group's physicians participate in the Medicare Shared Savings Program Accountable Care Organizations (ACOs), the testing of the Pioneer ACO model, or the Comprehensive Primary Care Initiative.

Groups of physicians are defined as a single Taxpayer Identification Number (TIN) with two or more

individual EPs, as identified by their individual National Provider Identifier (NPI), who have reassigned their Medicare billing rights to the TIN. The following professionals will be counted as "eligible professionals" for purposes of determining group practice size and VBM application.

Physicians — Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Doctor of Optometry, Doctor of Dental Surgery, Doctor of Dental Medicine, Doctor of Chiropractic

Practitioners — Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional, Audiologists

Therapists — Physical Therapist, Occupational Therapist, Qualified Speech-Language Therapist

CMS queries Medicare's Provider Enrollment, Chain, and Ownership System (PECOS) to identify groups of physicians with 10 or more EPs at the close of the PQRS group self-nomination process during the relevant performance period year (2014). Groups of physicians are removed from the list if, based on claims analysis, the group of physicians did not have the required number of EPs that submitted claims during the performance period.

Each physician group receives two composite scores (quality and cost), based on the group's **standardized performance** (e.g. how far away from the national mean.). This approach identifies statistically significant outliers and assigns them to their respective quality and cost tiers.

For more information go to [www.steopathic.org/Value-Based Payment Modifier Policies FAQ](http://www.steopathic.org/Value-Based-Payment-Modifier-Policies-FAQ).

Board Policy for Record Retention

Practitioners continue to have obligations toward patients during and after departure from, or the closing of a medical practice. Except in cases of death or other incapacity of the practitioner, practitioners may not abandon a patient or abruptly withdraw from the care of a patient. Therefore, patients should be given reasonable advance notice to allow their securing other care. It is the position of the Washington State Board of Osteopathic Medicine and Surgery that transition from a medical practice is done with a minimum of disruption to the patient.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides that patients have the right to request access to review and copy certain information in their medical records. When an osteopathic physician leaves a group practice, the patients of that physician must be notified. It is unethical to withhold the new address of the departing osteopathic physician if requested by a patient. If a physician of a group is responsible for notifying the patients rather than the group, the group should not interfere with the discharge of these duties by withholding patient lists or other necessary information to accomplish the notification.

Who is affected?

- Licensees who are in the process of retiring
 - Licensees whose employment is terminated with a specific practice or when the practice is physically moved
 - The estate of licensees who have died (office boxes and drop boxes are not acceptable addresses for the storage of patient records)
- Disposing of records
- In order to preserve confidentiality, all records should be destroyed
- Storage of non-paper files
- Can be stored by an electronic data system, microfilm, or similar photographic means. Each electronic record must identify existing original document or information not included in the electronically stored record
 - Paper records may only be destroyed if stored records can be reproduced without alteration from the original In addition to patients, who might be notified of office closure/moving of practice and location of patient records?

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Are You Ready for ICD-10-CM?

"Preparing for ICD-10-CM" is a special seminar designed by Janneen Lambert, CPC, CPC-H for osteopathic physicians and their staff. It will be presented on March 21, 2014 in Seattle, the day before the WOMA Spring Seminar, "Pain Management Risks and Resources". Go to www.woma.org.

WOF Support Appreciated

The Washington Osteopathic Foundation was created in 1971 to support osteopathic training and education with low-interest student loans. Over the years two scholarship funds were added in honor of former Executive Director Warren Lawless for his service to the osteopathic profession and by Eugene Imamura, DO in honor of his sister, for her support of his medical school education. Each fund provides a \$1,000 scholarship annually. In addition, the WOF contributes \$5,000 to a matching fund program with the Northwest Osteopathic Medical Foundation which provides a \$10,000 scholarship to an osteopathic medical student from Washington.

Due to increasing tuition, WOF is experiencing a decrease in available funds which are fueled by two modest fundraisers: the annual auction held during the WOMA convention in June and proceeds from the WOMA Fall Seminar held at PNWU in September. Your support of these events are encouraged and greatly appreciated.

President David Lukens, DO sent an additional request for contributions in late 2013. WOF is grateful to the following who responded with a contribution: Rose-Marie Colombini, DO, James E Congdon, DO, Jason Dreyer, DO, Lawrence Greenblatt, DO, Gordon Hsieh, DO, Richard Koss, DO (in memory of Melicien Tettambel, DO), Phillip Matthews, DO (in honor of Richard Richards, DO), Sean Mullin, DO, Kevin Ware, DO and Stephanie Works, DO.

Contributions of any amount are welcome. Send your check made payable to WOF to PO Box 16486, Seattle, WA 98116.

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The Board or association do not have the capability to store records but would only act as a resource for patients who might contact them trying to locate their records.

· Board of Osteopathic Medicine and Surgery

PO Box 47869
Olympia, WA 98504-7869
(360) 236-4945

· Washington Osteopathic Medical Association
PO Box 16486
Seattle, WA 98116-0486
(206) 937-5358

CME Requirements

Washington State

Fifty credits must be earned in the twelve-month period preceding application for renewal of licensure.

1-A At least 30 credit hours must be category 1-A which includes formal educational program sponsored by nationally recognized organizations or institutions which have been approved by AOA, WOMA or the AOA.

1-B Up to 5 credits for preparation in publishable form of an original scientific paper.

1-C Up to 5 credits for serving as a teacher, lecturer, preceptor or a moderator-participant in a formal educational program or preparation and scientific presentation at a formal educational program sponsored by one of the organizations or institutions specified in Category 1-A. One hour credit per each hour of instruction may be claimed.

Category 2 - Home study.

2-A maximum of twenty credit hours per year may be granted.

a. Reading - Medical journals and quizzes.

1) One-half credit hour per issue

2) One-half credit hour per quiz

b. Listening - audio tape programs.

1) One-half credit hour per tape program

2) One-half credit hour per tape program quiz

c. Other - subject - oriented and refresher home study courses.

1) Credit hours indicated by sponsor will be accepted

2-B Preparation and presentation of a scientific exhibit at professional meetings.

a. Maximum of five credit hours per exhibit per year.

2-C Observation at medical centers; programs dealing with experimental and investigative areas of medical practice and programs conducted by non-recognized sponsors.

a. Maximum of five credit hours per year.

AOA

Unless exempted, all AOA members must earn 120 credits of CME during the CME cycle, currently 2013-2015. Of this total, thirty CME credits must be obtained in Category 1-A and the remaining ninety credit hours of the CME requirement may be satisfied

with either Category 1-A, 1-B, 2-A, or 2-B credits.

Category 1-A: Formal face-to-face programs that meet the Category 1 quality guidelines, faculty requirements, and which are sponsored by AOA-accredited Category 1 CME sponsors; Formal delivery of osteopathic medical education lectures in colleges of osteopathic medicine or to students, interns, residents, and staff of AOA approved healthcare facilities.

Category 1-B :

A. Publications, Inspections, Examinations, and Committee Meetings
Development and publication of scientific papers and electronically communicated osteopathic educational programs; serving as an osteopathic healthcare facility, college accreditation, internship, residency or OPTI surveyor or consultant; conducting, and developing certifying board examinations; participating on an osteopathic state licensing professional review board; and for healthcare committee and departmental meetings which review and evaluate patient care whether the committee work is in an osteopathic or allopathic institution.

B. Osteopathic Preceptoring
Osteopathic physicians serving as preceptors in any AOA approved osteopathic medical education program may be granted Category 1-B credit. A maximum of sixty AOA Category 1-B credits for preceptoring may be applied to the 120-hour requirement.

C. Certification Examination Credit
Fifteen Category 1-B credits will be awarded to AOA members who pass an AOA recertification examination or obtain a certification of added qualification.

D. Activities in Non-AOA Accredited Institutions
Category 1-B will be granted to osteopathic physicians who participate in non-AOA accredited institution/hospital activities such as: hospital staff activities, educational lectures, and lecturing when the institution/hospital is an AOA recognized associate institution/hospital that trains osteopathic students, interns and/or residents.

To find out what other activities meet this category as well as 2-A and 2-C, go to www.osteopathic.org and under Advance Your Career select 2013-15 CME Guide.



WOMA Spring Seminar

Pain Management: Risks and Resources
Saturday, March 22, 2014

Hilton Doubletree Guest Suites/Southcenter
16500 Southcenter Blvd., Seattle, WA 98188

8 Hours Category 1-A CME

This Live activity, Pain Management: Risks and Resources, with a beginning date of 3/22/2014, has been reviewed and is acceptable for up to 8.00 Prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

*This course includes 3 hours of Extended Release/Long Acting Opioids REMS session presented by the American Osteopathic Association, a member of the Collaborative on REMS Education (CO*RE)*

Registrants are encouraged to bring case questions for the panel at the end of the program.

Agenda

- 7:30 a.m. Registration & Breakfast
8:00 a.m. **REMS Session** (presented by the AOA, a member of the Collaborative on REMS Education (CO*RE))
Extended Release/Long Acting Opioid Risk Evaluation and Mitigation Strategies
Shorin Nemeth, DO
10:00 a.m. Break/Visit Exhibits
10:15 a.m. **ER/LA Opioid REMS cont'd**
Shorin Nemeth, DO
11:15a.m. **REMS session adjourned**
Pain Management of Injured Workers
Paul Williams, MD
12:15 p.m. Break/Lunch/Visit Exhibits
1:15 p.m. **Diagnosing and Treating Addiction in Pain Patients**
Bill Dickinson, DO
2:15 p.m. **Psychotropic Medication and Pain Management Interface**
Dan Wolf, DO
3:15 p.m. Break/Visit Exhibits
3:30 p.m. **Utilizing the UW Telepain Program**
David Tauben, MD
4:30 p.m. **Panel Q&A**
Drs. Tauben, Dickinson & Wolf
5:30 p.m. Seminar Adjourns

Objectives

By attending this REMS course, you will: Understand how to assess patients for treatment with ER/LA opioids; Be familiar with how to initiate therapy, modify dose, and discontinue use of ER/LA opioids; Know how to manage ongoing therapy with ER/LA opioids; Know how to counsel patients and caregivers about the safe use of ER/LA opioids, including proper storage and disposal; Be familiar with general and product-specific drug information concerning ER/LA opioids.

In the remaining sessions you will: Review and illustrate practical application of L&I's newest Guidelines for prescribing opioids; Discuss differences between dependency and addiction and list some options to treat pain in patients with known addiction or dependency; Review classes of medications which may reduce chronic pain and understand the relationship between pain and depression and/or anxiety; Know how telemedicine improves access to pain care; understand why chronic pain treatment and outcomes are improved when expert care guidelines are followed; develop an effective complex pain case presentation; determine how access pain experts using the telemedicine p[platform and know what to expect during an inter-specialty telemedicine pain consultation.

See registration form on next page

PAIN MANAGEMENT: RISKS AND RESOURCES

March 22, 2014 Doubletree Suites/Southcenter/Seattle

Name _____ Phone _____

AOA# _____ Email _____

Address _____

City _____ State _____ Zip _____

Registration Fees

	Member *	Member	Non-Member	
	Before 3/12	On or After 3/12	add Surcharge	
Physician	\$ 290.00	\$ 340.00	\$180.00	\$ _____
Allied Health Professional	\$ 290.00	\$ 340.00	\$180.00	\$ _____
Student or Post Graduate	\$ 190.00	\$ 240.00	\$180.00	\$ _____
Retired Physician	\$190.00	\$ 240.00	\$180.00	\$ _____
**Printed Syllabus	\$ 40.00			\$ _____

*Member fee also applies to out of state physicians who are members of the State AOA Divisional Society of the state in which they practice.

Seminar Fee includes Web-based syllabus, Continental Breakfast and Lunch

**Registrants may bring their laptops and will be able to type notes to save them.

iPads may be used to follow along, but notes cannot be typed or saved on them

Board Meeting Dinner \$ 45.00 \$ _____

Board Meetings WOF 5:45 p.m. WOMA 6:15 p.m. (approx.)

Please register if you plan to attend the WOF and/or WOMA Board meeting(s).

Agenda items must be submitted no later than March 12, 2013

I will attend the Board meeting Yes No

Please order dinner (\$45) (Buffet)

Register online with your credit card at www.woma.org. **TOTAL** \$ _____

Or Complete this form and send with your check made payable to

WOMA or credit card information to: PO Box 16486, Seattle, WA 98116.

Pay with a credit card: VISA MC 3-Digit Security Code _____

Card Number _____ Expiration Date _____

Signature _____

Registration fee is non-refundable. A full credit for future WOMA conference less a \$50.00 processing charge, will be given upon emailed cancellation received by or written cancellation postmarked by March 22, 2013. No credit after March 22, 2013. No refunds will be made. Questions-Call the WOMA office at 206-937-5358

Directions

From North on I-5 - Exit on 154B- toward Southcenter Blvd. & Mall/Burien/Sea-Tac AIRPORT. Take the exit toward Southcenter Blvd. & Mall. Turn left onto Southcenter Blvd. Turn Right onto 61st Ave S. Turn right onto Southcenter Pkwy. Drive 0.6 miles hotel is on the left.

From South I-5 - Take 153 Exit (which is Southcenter Blvd. Exit). Go to first Exit ramp, make a right onto Southcenter Parkway. We are located on left side approximately 1/4 mile.

From East of the Mountains - Take I-90 to I-405 South (approx. 15 minutes on 405 South). Take the Southcenter Blvd. Exit. Follow signs to Southcenter Mall. Stay on Southcenter Parkway for approximately 1/2 mile. We are located on the left side behind the Outback Steakhouse.

Accommodations Hilton Doubletree Guest Suites/Southcenter

16500 Southcenter Parkway
Seattle, WA 98188

1 King or 2 Double Beds

\$135.20 THU/\$103.20 FRI & SAT

(price subject to change)

Call 1-800-222-8733 or 206-575-8220
and request the catering discount



Bear Droppings...

by Loren H. Rex, D.O.

Last time we were exploring the wonders of living (read existing) in a 1949 trailer home during a typical Missouri winter. Just two newly wed college students and a toy poodle to guard the place. Although we had hoped to commute to and from the farm home of the "blue beast" it was quickly obvious that a change of plans was in order; we needed to move to a trailer park. At the time we were attending Northwest Missouri State University at Maryville and the decision to pursue a career as a D.O. had not reared its head. Our only furniture came with the trailer and was built in. The only thing that was moveable consisted of two genuine wooden Dupont dynamite boxes that were on loan from a friend of Sharelle's. Last column, I mentioned sub-standard as a class for housing, however, I suppose you could not technically call the dig sub-standard since, as far as I know there were no particular housing standards and certainly not for students. The level of comfort and sophistication has changed un-believably in the past half century and sometimes it seems impossible that the time has gone by and left behind the changes we see. However, one of the things that are not hard to recall since it is burnished on my brain; Missouri winters. The memories are deeply burnished and will remain so until my last breath.

Of, course, in order to get to winter you have to get through summer. For some people, the heat of summer in Missouri is even worse than the cold of winter. I personally didn't see it that way but I did not like summer much either. I did however, love spring and fall. I loved that magic day when the sun on your back changed from a burning heat to a deep warm glow that carried the message that those scorching summer days were over for the year. The timeless message that fall was arriving and those glorious fall colors

would soon appear again. We moved the trailer in deep summer when it was very hot and summer school was almost over. There are, of course, many things that must be done to move into any housing and trailers are no exception. The electricity was not a big problem, just had to get the correct connector, rewire the wires from the trailer to fit the trailer park connector and twist it together. Problem one finished and on the next problem, which involved hooking up the gas and water. In those days, these hook-ups required the joining of copper tubing by flaring the end of the tubing and using connectors that could be made fluid tight. The water was no real problem since a bad joint resulted in a "drip" which wasn't lethal. The gas on the other hand really needed to be done correctly to avoid a messy explosion. The hook-up required getting gas to a wall "furnace". In reality, the wall furnace would toast marshmallows but in no way would it provide heat three feet away. The problem here was that the "furnace" was on the living room wall and the bedroom was at the other end of the "blue beast". I would guess most of you reading this column suffered through Physics in college and understand the problems involved with heating the bedroom from the living room, especially when there is not enough heat in the living room, Duh! Obviously, the problems here can be described as supply of things to the trailer which consisted of electricity, water, and gas to make life more or less tolerable for the inhabitants of the "blue beast".

This, of course, means that the utilities used, need to leave by some means. So far, no provisions have been made for an important commodity commonly called sewerage. Sewerage is a very important part of the process indeed. As all of you with a travel trailer

know, you must have a length of sewer hose suitable to reach the sewer pipe connector. Since I didn't have a length of hose, it was off to the hardware store. I didn't have a clue of how much I needed but the nice man made me a deal I couldn't resist on a left over piece about 15 feet long and I was headed for home with my prize. The hose was about 10 feet too long for what I needed but since I was always one to not throw away stuff, I cleverly pushed it into the drain pipe and the excess went somewhere into the system: I know not where. Being very proud of myself for the great hook-up I had made I retired inside, flushed the stool, which seemed to work perfectly, and made myself an iced tea to celebrate the victory. It was the following afternoon when the manager of the park stopped by to enquire if I happened to be having any problems with the sewer since everyone ahead of me on the line was draining very slowly. I assured him that mine was working perfectly. Sometime in the middle of the night it struck me what I had done, so I dressed, crawled under the trailer and began to slowly retrieve the hose from the sewer system. It began as a quiet trickle, picking up sound and volume until it became a torrent of sound and sewage as the back-up of about 30 trailers passed beneath my trailer on its way to the mainline. I slunk back into the house, happy that I hadn't been caught and tried for stupidity. I'm sure I would have been found guilty in any court.

I always try and find the good side of everything and here it seemed to be that I was ready for whatever winter might bring to the "blue beast". Later, I received more information on the God's attitude toward hubris. It was a cold winter that found me under the trailer many times.

Bear