



# Washington D.O.

Spring 2012

4700 42nd SW, Suite 530 / P.O. Box 16486 Seattle, WA 98116-0486  
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## Convention Offers AOA and AAFP Credits

The 99<sup>th</sup> Annual Northwest Osteopathic Convention, scheduled for June 21-24, will offer 25 AOA Category 1-A CME credits. For those requiring AAFP credits, this activity has been reviewed and is acceptable for up to 23 Prescribed credit hours by the American Academy of Family Physicians.

CME Committee members Drs. Harold Agner, Tim Anderson, Ruth Bishop, Paul Emmans, III, Robyn Phillips-Madson, Mike Scott, Lynda Williamson and Dan Wolf utilized needs assessment surveys, previous program evaluations as well as current trends and journal articles to determine the topics and speakers invited to participate. While there were lots of great suggestions, current CME accreditation standards dictate that all topics must have evidence-based resources to support the need for each topic. The Committee welcomes your input and encourages those with suggestions to provide the resources necessary to document the need.

The program kicks off with a pain management update in which Drs. Bill Dickinson, Mike Quirk, Lynda Williamson and Dan Wolf discuss how to manage pain and addiction cases using the new pain management guidelines. Attorney Jennifer Bolen will follow up with the legal side of managing pain patients. The session ends with a talk on

the current holistic treatment of migraine and headache pain by Patrick Hogan, DO.

Friday starts with a behavioral medicine update featuring Drs. Henry Levine, Dan Wolf and Teresa Jacobs providing updates on adult ADHD, bipolar, refractory depression and sleep disorders. The afternoon will be an OMM symposium featuring Brett DeGooyer's presentation on the somatic dysfunction of the cervical spine and Byron Perkins will provide the osteopathic approach to fibromyalgia using the Fascial Distortion Model. Saturday morning will provide pediatric topics of obesity, eating and behavioral disorders presented by Drs. Ken Cathcart, Cora Breuner and Kris Peterson.

Board Trustee Norm Vinn, DO will provide an AOA update at lunch, including information about osteopathic continuous certification.

Saturday afternoon will include breakout sessions on ICD 10, audits, navigating managed care contracts and

### Exhibit Space Available

There is still space available to exhibit at the 99<sup>th</sup> Annual Northwest Osteopathic Convention June 21-23 at the Semiahmoo Hotel and Conference Center in Blaine. If you know of any firms who have a product or service of interest to physicians, please extend an invitation to participate and direct them to our website at [www.woma.org](http://www.woma.org) for a prospectus. They can also call the WOMA office at 206-937-5358.

As of May 17, Exhibitors include the following: Abbott Laboratories, AT Still University - Arizona, Auxilium, Kibble & Prentice, Medical Protective, PNWU, Purdue Pharma, Reckitt Benckiser, Singulex, Veterans Health Administration and Western U Comp Northwest.

Please extend courtesies to their representatives should the opportunity present itself.

a Medicare update along with Third party issues with EM/OMT.

Sunday morning brings us to Peter Grimm presenting the role of PSA screening for prostate cancer, as well as new approaches in the management of IBS and an overview of inflammatory bowel disease by Mark Potter, DO and an update on sexually transmitted illnesses provided by Jason Kettler, MD. The program ends mid-day with a GME update by Dean Robyn Phillips-Madson, DO.

Social functions include a Thursday evening exhibitor's reception and family beach bonfire complete with S' more makings and the annual awards banquet and auction fundraiser to benefit the Washington Osteopathic Foundation on Saturday night.

Program brochures have been mailed and emailed and are available on the WOMA website, [www.woma.org](http://www.woma.org). A registration discount fee is available until May 27<sup>th</sup>. The block of sleeping rooms with special rates will be released by Semiahmoo on May 24<sup>th</sup>.

### CAQ in Pain Management in Development

In response to new certification requirements in pain management in some states, including Washington, several AOA specialties are in the process of developing Certificates of Added Qualification in Pain Management. Family Medicine, Preventive Medicine, Physical Medicine and Rehabilitation, Neurology/Psychiatry, Internal Medicine and Neuromusculoskeletal Medicine/OMM are preparing to offer the first clinical pathway exam in the Spring of 2013. This pathway will be available for five years.

All of these specialties are in the process of developing training standards which will be submitted to the Committee on Postdoctoral Training this summer.

### Notice of Meetings

#### Washington Osteopathic Foundation Board

Wednesday, June 20, 2012, 6:30 p.m.

#### WOMA Board of Governors Dinner

Wednesday, June 20, 2012, 7:00 p.m.

#### WOMA Annual Membership Meeting

Friday, June 22, 2012, 12:30 p.m.

All meetings take place at the Semiahmoo Hotel and Conference Center, Blaine, WA



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#### WOMA Executive Committee

##### President

Lyndsey Rasmussen, DO

President-Elect.

Marc Cote, DO

Vice President

Scott Fannin, DO

Secretary

Mark Hunt, DO

Treasurer

Steve Leifheit, DO

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Stan Flemming, DO

Government Relations Representative

Dave Knutson

Executive Director/Editor

Kathleen S Itter

#### Foundation Board

President

David Lukens, DO

Vice President

Loren H Rex, DO

Secretary

Lindy Griffin, DO

Treasurer

Dan Dugaw, DO

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.

## Grant Received

WOMA is very grateful to the Northwest Osteopathic Medical Foundation (NOMF) for their generous support of the 99<sup>th</sup> Annual NW Osteopathic Convention. The NOMF provided a \$5,000 grant which will be used to support program faculty honoraria and expenses.

## WOMA Welcomes New Members

At its meeting on April 21, 2012, the Board of Governors approved the following applications for membership:

### Active

James Beieler, DO, CCOM'03

Nathanael Cardon, DO, COMP'07

Robert Dy, DO, UNECOM'92

James Eiland, DO, COMP'99

Dawn Hutchison, DO, KCUMB'01

Ted Kapanjie, DO, CCOM'97

Melissa Koshel, DO, PCSOM'05

David Lemme, DO, KCOM'85

Ryan Luoma, DO, TUCOM'06

Mark Raney, DO, KCOM'84

Warren Taranow, DO, NYCOM'87

Jonathan Wilson, DO, DMU'08

### Associate

Coy Fullen, DO

### Student

Adam Classens TUCOM'15

### Status Change to Retired

Steven Yamamoto, DO

## Getting to Know You

WOMA is pleased to welcome the following Active members:

**James Beieler, DO** is a 2003 graduate of CCOM. He completed his family medicine residency at SIU Family Practice in Carbondale, IL. He practices in Bellingham.

**Nathanael Cardon, DO** graduated from COMP in 2007 and completed his training in psychiatry at the University of Nevada, Reno School of Medicine. His practice is in Anacortes.

**Robert Dy, DO** graduated from UNECOM in 1992. He completed an internal medicine residency at UCSF in 1995 followed by a fellowship in Gastroenterology and Hepatology at the University of Nebraska Medical Center from 1995-1998. He went on to a fellowship in advanced therapeutic endoscopy at Maine Medical Center in 1998-99. He is in the practice of gastroenterology in Bellingham.

**John Eiland, DO** is a 1999 graduate of COMP. He received his postgraduate training at Garden City Osteopathic and is an OB/Gyn in Montesano.

**Dawn Hutchison, DO** is a 2001 graduate of KCUMB. She is an internal medicine specialist in Bellingham.

**Ted Kapanjie, DO** graduated from CCOM in 1997. He completed his postgraduate training at Lutheran General Hospital and practices family medicine in Shoreline.

**Melissa Koshel, DO** is a 2005 graduate of PCSOM. She completed a surgical internship at Maricopa Hospital in Phoenix, an anesthesiology residency at Upstate Medical University Syracuse and an anesthesiology fellowship at the

University of Iowa. She is licensed to practice in Washington.

**David Lemme, DO** is a 1986 graduate of KCOM. His internship was served at Naval Hospital Camp Pendleton and family medicine residency at Puget Sound Family Medicine Residency in Bremerton. He also received flight surgeon training at Naval Aerospace medical Center. He is currently practicing family medicine in Coupeville.

**Ryan Luoma, DO** graduated from TUCOM in 2006 and completed his postgraduate training in family medicine at Mt. Clemens Regional Medical Center, MI. His family practice is in Walla Walla.

**Mark Raney, DO** received his DO degree from KCOM in 1984. He did a rotating internship at Kirksville Osteopathic Health Center and completed his family medicine training at Madigan Army Medical Center. Dr Raney is in family practice in Sultan.

**Warren Taranow, DO** graduated from NYCOM in 1987 and interned at Pontiac Osteopathic Hospital in Michigan. After practicing family medicine for two years he completed an orthopedic surgery residency at Pontiac Osteopathic Hospital in 1994 and a fellowship in foot and ankle surgery at the University of Pittsburgh on 1995. His orthopedic surgery practice is in Bellingham.

**Jonathan Wilson, DO** is a 2008 graduate of DMU. His postgraduate training took place at Central Washington Family Medicine and Mt. Clemens Regional Medical Center. His practice of family medicine and OMM is in Spokane.

**99th Annual Northwest Osteopathic Convention**

**June 21-24, 2012 Blaine, WA**

## 2013 Board Nominees

The following list of nominees for WOMA offices and Trustees and AOA Delegates has been proposed by the WOMA Nominating Committee, chaired by Stan Flemming, DO. Elections will take place on Friday, June 22<sup>nd</sup> at the WOMA annual meeting at 12:30 p.m. This is during the convention at Semiahmoo in Blaine, WA.

The presidency will be assumed by **Marc Cote, DO**. **Lyndsey Rasmussen, DO** will serve as immediate past president.

### Executive Committee

Term 1/1/2012 – 12/31/2012

President-elect

**Scott Fannin, DO**

Vice President

**Harold Agner, DO**

Secretary

**Mark Hunt, DO**

Treasurer

**Steven Leifheit, DO**

Trustees

Term 1/1/2013-12/31/2014

District I

**Mischa Coleman, DO**

District II

**David Farrell, DO**

District III

**Mike Quirk, DO**

District IV

**Paul Emmans, Jr, DO**

District V

**David Hofheins, DO**

Institutional Representative

**Robyn Phillips-Madson, DO**

Student Representative

**Steven Pinther, MSII**

AOA Delegates

Term 1/1/2013 – 12/31/2013

**David Lukens, DO**

**Lindy Griffin, DO**

**Paul Emmans, Jr., DO**

**Harold Agner, DO**

**Robyn Phillips-Madson, DO**

**Paul Emmans, III, DO**

Alternate Delegates

**Scott Fannin, DO**

**Amber Figueroa, DO**

Nominations for all positions will be open to the floor. The board of Governors meets quarterly in March, June, September and December. The Executive and Public Affairs Committees meet in the interim months to conduct association business.

## Dues Increase

### Proposed

The WOMA bylaws require that dues for each category be determined by the membership of the association and may be changed by the membership at the annual meeting. The last dues increase was in 2004. Over the last eight years WOMA board and staff have managed to conduct business as efficiently as possible, but are at the point where essential budget items will have to be cut if income is not generated to meet the increase in basic expenses.

At its meeting on April 21, 2012, the WOMA Board approved the following proposal for the general membership to approve the following dues increase over the next three years:

First year Active member dues to increase from \$150 to \$155 in 2014 and \$160 in 2015. Second year member dues to increase from \$300 to \$310 in 2013 and \$320 in 2015.

Three or more year's member dues to increase from \$600 to \$620 in 2014 and \$640 in 2015.

Semi-retired members to increase from \$200 to \$210 in 2013 and \$220 in 2015.

Retired member dues to increase from \$50 to \$55 in 2013 and \$60 in 2015.

Associate and Allied members to increase from \$100 to \$105 in 2013 and \$110 in 2015.

Institutional member dues to increase from \$2,000 to \$2,050 in 2013 and \$2,100 in 2015.

Sixty-one percent of WOMA members are in non-dues-paying categories such as students, residents, and life members.

Executive Director Kathie Itter explained that the increase will only cover the anticipated increases in basic expenses to enable WOMA to continue its work for the osteopathic profession. She is hopeful that more osteopathic physicians in Washington will realize the value of having professional advocacy and join WOMA to provide needed technology and staff necessary to continue its growing list of responsibilities.

## State Board Update

**Peter Kilburn, DO** of Federal Way was recently reappointed to a second term on the Board of Osteopathic Medicine and Surgery by Governor Gregoire. The Governor's office is currently reviewing applications for the public member position on the Board. The next DO vacancy on the board will be in 2014 when the terms of three board members expire.

In other news, the board has joined the Federation of State Medical Boards' License Portability Project. The Uniform Application for Physician State Licensure (UA) is a Web-based application that standardizes, simplifies and streamlines the licensure application process for physicians. Physicians fill out the UA online application once, and then use the application whenever they apply for licensure in another state that accepts or requires the UA — for the rest of their careers.

At its meeting on May 18<sup>th</sup>, Catherine Hunter, DO of Auburn was elected Chairperson of the Board. **John Finch, DO** was elected Vice-Chairman.

At WOMA's request, the Board reviewed the American Academy of Pain Medicine and it is now an approved entity for pain management specialist credentialing (Diplomate status) provided all other criteria are met, including: A minimum of three years of clinical experience in a chronic pain management care setting; successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years for a physician or three years for an osteopathic physician; and at least thirty percent of the physician's or osteopathic physician's current practice is the direct provision of pain management care or in a multidisciplinary pain clinic.

## Medicaid Reimbursement to Increase for Primary Care Physicians

The Health Care and Education Reconciliation Act (“H.R. 4872”) expands the recently enacted health care reform legislation. It includes a provision to help alleviate the declining reimbursement issues that many primary care physicians face. Under section 1202 of H.R. 4872, physicians with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine (“primary care physicians”) will receive increased reimbursement for evaluation and management services and services related to certain immunization administration for vaccines and toxoids (services related to immunization administration for vaccines and toxoids for which CPT codes 90465 - 90468 and 90471 - 90474 apply are defined as primary care services) furnished to Medicaid beneficiaries in 2013 and 2014 at rates equivalent to reimbursement rates under Medicare Part B. Though Medicaid is a joint federal-state program, the primary care increase slated for years 2013 and 2014 are funded purely by the federal government.

The new health care reform legislation increases Medicaid eligibility to 133

percent of poverty for all nonelderly individuals, which will result in increased Medicaid participants. Currently, many physicians, primary care included, either refuse to see or limit the number of Medicaid patients because of low reimbursement. In many cases, physicians lose money on Medicaid patients once overhead expenses are considered. According to the 2008 Medicaid-to-Medicare Fee Index, the average national reimbursement for Medicaid is 72 percent of Medicare for all services and 66 percent of Medicare for primary care services. (Medicaid-to-Medicare Fee Index, 2008)

One goal of increasing primary care reimbursement is to attract more physicians to primary care given the nation’s shortage of primary care physicians. This shortage is expected to grow as the baby-boomer population ages, the number of insured participants’ increases under the new health care legislation, and aging physicians retire.

The new legislation does not extend the increase in Medicaid reimbursement beyond 2014. However, the number of Medicaid participants is scheduled to increase under the new legislation.

## Are You Using the PMP?

The Prescription Monitoring Program started data collection in December and provider access on January 4, 2012. As of April 95,794 patient history requests have been made and 2,043 prescriber history requests have been made. Feedback from providers indicate this is an easy and extremely helpful tool when treating suspected addicts and drug-seeking patients who may be overutilizing or diverting drugs. It also allows prescribers to check their own prescriptions with a reverse search to check for any unauthorized prescriptions using their DEA number.

## Avoid the 2012 E-Prescribing Penalty

CMS is urging physicians to report on at least 10 electronic prescriptions by June 30, 2012, to avoid the 2013 Medicare e-prescribing penalty. The penalty is a 1.5 percent reduction in total 2013 Medicare Part B payments.

Physicians that are unable to meet the 10eRx threshold are eligible to file for a hardship exemption prior to the June 30 deadline. Additional information can be found at [www.CMS.gov](http://www.CMS.gov).

## Medicare e-prescribing Penalty Help

If you have tried contacting the Centers for Medicare and Medicaid Services’ (CMS) Help Desk about your 2012 penalty, but were turned away, you can now contact the Help Desk to ensure that your case is adequately reviewed. CMS wants physicians to know that the issues they are having are being examined.

Although there are no formal appeals or review process for the e-prescribing penalty, they encourage physicians with questions or concerns about their penalty and/or hardship exemption request to contact CMS’ QualityNet Help Desk as soon as possible. The QualityNet Help Desk can be reached Monday-Friday; 7 a.m. – 7 p.m. CST at (866) 288-8912 or via email at [qnetsupport@sdps.org](mailto:qnetsupport@sdps.org).

PLEASE NOTE: If a physician continues to experience problems with the Help Desk, CMS is encouraging physicians to email their concerns directly to Medicare at:

[eRx\\_hardship@cms.hhs.gov](mailto:eRx_hardship@cms.hhs.gov).

## Medicare Physician Payment Legislation Introduced

On May 9, Reps. Allyson Schwartz (D-PA) Joe Heck, DO (R-NV) introduced the “Medicare Physician Payment Innovation Act of 2012” (HR 5707). The legislation fully repeals the sustainable growth rate (SGR) formula, stabilizes current payment rates to ensure beneficiary access in the near-term, eliminates scheduled SGR cuts, creates positive incentives for undervalued primary, preventive and coordinated care services, and sets out a clear path toward comprehensive payment reform.

The introduction of this legislation marks the first time in more than 6 years that a comprehensive SGR repeal bill has been introduced in a bipartisan manner. The last such legislation was introduced by Sens. Debbie Stabenow (D-MI) and Jon Kyl (R-AZ) in the 109th Congress.

# PNWU Update

By Robyn Phillips-Madson, DO, MPH, Dean, Chief Academic Officer



PNWU Class of 2012 Commencement, Capitol Theater, Yakima, WA

PNWU-COM finished four years of “firsts” with its inaugural commencement held May 12, 2012. Sixty-nine pioneering students graduated and are off to start their residencies. Third year students are scheduling their fourth year electives, second year students just completed their board review and are moving to their core sites, and first year students are looking forward to eight weeks of summer vacation. The COM successfully completed the final Commission on Osteopathic College Accreditation site visit under provisional accreditation, and is now an accredited College of Osteopathic Medicine. The Yakima community and communities hosting core sites are to be commended for their vision and the role they have played in the creation of a new medical school with the mission of increasing the number of primary care physicians serving in rural and underserved areas of the Pacific Northwest.

Founder, family physician and Interim President Lloyd Butler, DO, is looking forward to stepping out of the position he has held for two and a half years, focusing on semi-retirement and assisting the PNWU Advancement Department in his successful and inimitable way. The faculty, staff and administration are grateful for Dr. Butler’s leadership, and are happy he will remain a vital part-time member of the team.

D. Keith Watson, DO will take the reigns as President of PNWU July 1. Dr. Watson received his DO degree

from the Texas College of Osteopathic Medicine in 1975, and completed an internship and general surgery residency at Tulsa Regional Medical Center (now Oklahoma State University Medical Center) in Tulsa, OK. He also completed a surgical oncology fellowship at the University of Texas System Cancer Center, MD Anderson Hospital and Tumor Institute.

He is currently at the Ohio University Heritage College of Osteopathic Medicine, where he serves as chief academic officer for the Centers for Osteopathic Research and Education. He also holds a current appointment to the US Department of Health and Human Services Council on Graduate Medical Education. Dr. Watson is currently the Chairman of the AOA Council on Osteopathic Postdoctoral Training Institutes—the entity that accredits sponsoring organizations for AOA Graduate Medical Education Residencies.

**Campus News:** Groundbreaking for the Phase 2 addition to Butler-Haney Hall is scheduled this summer. The addition will include an auditorium which can be divided into two smaller auditoria, catering kitchen facilities, faculty and staff offices and restrooms. The soccer field behind BHH will be completed by the fall, so students can burn off energy and enjoy the 300 days of sunshine in Yakima when they aren’t in class.

**Student Demographics:** PNWU-COM received over 2,500 applicants for seventy seats for the incoming Class of



Class speaker Robert Lichfield thanked the Yakima community, faculty and physicians throughout the Northwest for their support

2016. Fifty-percent of the student body is from Washington State, with 90% from the Pacific Northwest states of Washington, Oregon, Alaska, Montana, and Idaho.

**Medical Student Education:** The students of the PNWU Family Practice Club continue to lead locally and nationally. They received the ACOFP President’s Award at the National Convention given to the top ACOFP Chapter demonstrating Outstanding Achievement in Osteopathic Family Medicine.

### The First Match Results:

Twenty-six members of the Class of 2012 (37%) matched into family medicine residencies; 62% matched into primary care (FM, peds, IM); and 93% matched in primary care and basic medical care specialties including emergency medicine, psychiatry, OB-Gyn and general surgery. Five students matched in the following specialties: orthopedic surgery, neurosurgery, PM&R, diagnostic radiology, and anesthesiology.

**Osteopathic Residency Programs:** New osteopathic family medicine programs will start July 1 at Skagit Valley Hospital in Mt. Vernon, Multicare Good Samaritan Hospital in Puyallup, and the Puyallup Tribal Health Authority. Additionally, an internal medicine residency is starting in Mt. Vernon. More residencies in family medicine, internal medicine, psychiatry, and orthopedic surgery are under development in the future.

# 2012 Legislative Session Wrap-up

By David Knutson, WOMA Government Relations Representative

The 2012 legislative session finally ended on April 12th, following a 60 day regular session, a 30 day special session, and a second special session that lasted a little over seven hours.

Closing a \$1.5 Billion operating budget deficit, passing a bill authorizing same-sex marriages, and addressing a series of reform proposals related to K-12 employee health benefits, state employee retirement benefits, and a four-year balanced budget proposal dominated the session.

## Budget

When session began in January, the Legislature faced a \$1.5 billion deficit with eighteen months left in the 2011-13 biennium. Addressing the deficit involved several elements: 1.) an improving economy increased the February revenue forecast and reduced mandatory caseload forecasts for state services, 2.) targeted reductions in human services programs, 3.) ending the tax exemption for out-of-state banks, 4.) taxing "roll your own" cigarette machines at the same level as manufactured cigarettes, 5.) a one-time adjustment to the working capital reserve related to the collection and distribution of funds to local governments, 6.) repealing Initiative – 728, relating to K-12 class size reduction, and 7.) reducing the ending fund balance to \$319 million.

To put the ending fund balance in perspective, the State of Washington spends \$43 million per day. The ending fund balance of \$319 million is sufficient to cover state expenses for seven and a half days.

Budget reductions related to health care include:

**Medicaid False Claims Act:** The budget assumes a savings of \$3.6 million in State funds based on the passage of ESSB 5978 which provides for QUI TAM lawsuits. (Editor's Note: A sunset clause was added which requires that language to sunset in 2016 with an ongoing evaluation to determine the affect on small practices.)

**Indigent Assistance in Disproportionate Care Hospitals:**

\$26.3 million is cut through the elimination of supplemental funding to rural and non-rural hospitals based on their profitability and the level of charity care they provide.

**Medicaid Drug Formulary** \$3.5 million is cut from the Medicaid budget based on the development of a wrap-around

drug formulary with an increased emphasis on generic medications.

## Health Care Legislation that Passed Include:

### ESHB 2319 Representatives Cody, Jinkins, Ormsby

#### Implementing the Federal Patient Protection and Affordable Care Act

- Removes restrictions on the authority of, and adds new duties for, the Washington Health Benefit Exchange (Exchange). Authorizes Exchange employees to participate in state health benefit and retirement programs. Establishes new market rules for plans sold inside and outside of the Exchange. Creates a process for certifying qualified health plans authorized to offer coverage in the Exchange. Establishes a rating system for qualified health plans. Establishes a process for designating the "essential health benefits" that must be offered both inside and outside of the Exchange. Creates a process for identifying state-mandated benefits the enforcement of which will result in federally-imposed costs to the state. Requires the Health Care Authority to report to the Legislature on the federal Basic Health Option and specifies operational parameters should the Legislature determine to proceed with the option. Establishes federal reinsurance and risk adjustment programs and allows the Washington State Health Insurance Pool (WSHIP) to administer the programs by contract. Requires the WSHIP to make findings regarding continued operation after January 1, 2014. Requires the state to apply for a wellness program demonstration project. Partial Veto: Vetoes the section that required the operations of the Exchange to be suspended in the event that it is no longer self-sustaining.

### HB 2420 Representatives Cody, Roberts, Upthegrove

**Study on Direct Practices by the Office of the Insurance Commissioner** - Repeals the requirement for the Insurance Commissioner to submit a 2012 study on direct practices to the Legislature.

### ESHB 2582 Representatives Johnson, Cody, Ross

**Facility Fees Charged to a Patient at a Health Care Facility** - Requires hospital-owned or operated provider-based clinics that charge a facility fee to notify patients that they may receive a

separate billing for a facility fee. Requires certain hospitals that own or operate provider-based clinics to report specified information about their facility fees to the Department of Health.

### SB 6412 Senators Rolfes, Harper Assisting Persons Seeking Individual Health Benefit Plan Coverage When Their Prior Carrier has Terminated Individual Coverage

- Exempts certain persons whose individual coverage was discontinued by July 1, 2012, from the standard health questionnaire. Requires a person's prior coverage in a plan that was discontinued by July 1, 2012, to be credited against any pre-existing waiting period in the person's new coverage.

### ESHB 2229 Representatives Jinkins, Hasegawa, Darneille

**Reporting Compensation of Certain Hospital Employees** - Requires nonprofit and public hospital district hospitals to report to the Department of Health the compensation paid to certain employees.

### SSB 5940 Senators Hobbs, Ericksen, Keiser

**Relating to public school employees' insurance benefits-** Requires school district employees to pay a minimum health benefit premium subject to bargaining. Requires school districts and their benefits providers to reduce administrative costs, offer a high-deductible health plan with a health savings account option, reduce family premiums to a three-to-one ratio to employee-only premium, and offer full-time employees where the employee share of costs does not exceed that offered to state employees. Authorizes the OSPI to determine if the school district does not meet the reporting requirements of the act, and permits the OSPI to require the non-compliant school district to provide health benefit coverage through the HCA. Requires the OIC to submit an annual report to the Legislature on school district health benefit plans, and make recommendations on benefit equity, transparency, and efficiency.

**HB 2366 Representative Orwall Requiring licensed health care providers to complete Continuing Medical Education on suicide assessment, treatment, and management-** The bill has passed the Legislature WITHOUT applying to DOs or DO physician assistants.



# Bear Droppings... . . . . .

by Loren H. Rex, D.O.

Well, it's time to raise the tent. Mistake number one, everyone tries to keep the tent up: wrong. The poles keep the tent up; the guy ropes keep the tent down and that is what it is all about. Before us we have a sea of canvas that needs to be in the air and not on the ground. Back in my day, before all the animal rights protest groups, Elephants worked around the show doing all sorts of jobs from spotting trucks to putting up the tent and taking it down and then pulling all the stakes. They worked for peanuts. O.K. that was bad but it just came out. Anyway we were raising the tent and we start by tying off the ropes at one round end to what we think the right length will be. Next, a couple of workers, sometimes called roustabouts in circus books, lift the tent and place side poles around the end so that an elephant can get under the canvas. Next the metal pins on the end of the quarter poles are placed through a ring in the tent and the elephant pulls the poles into approximate position. This lifts the canvas off the first center pole so it can be pulled about one half way vertical and the process is repeated to the other end of the tent, hopefully done without said tent falling down on the crew underneath. When this is accomplished, the crew goes back to where they started and proceeds to do a process called "guying out" which consists of untying the ropes one at a time and then tightening them to the right amount of pull. This will be done again in the afternoon between shows and, in the event the tent is wet, it will be done several times during the day.

Now we have a big open space that needs to be turned into a mobile auditorium for the performance to come. When we used to show a Matinee at 2 o'clock and a night performance at 8 p.m. this schedule could be a killer, but we finally changed to 6 and 8 pm and that made a great difference. Now everything must be spotted correctly to fit in since no space is wasted in a circus tent. The seat trucks came in to the tent next and the seats were unloaded. On a small show, the seats are made from boards

that fit together in what becomes a strong structure. Red seats are the most expensive while blue are cheaper. So just like any other venue, the red seats are on the straight parts of the tent and the blues on the round ends.

There was also a truck backed into the side of the tent that had a Hammond B3 organ, now popular with Jazz musicians, and space for a drummer, trumpet and trombone (yours truly) on a fold down tail gate. Actually, we were a pretty good little band. If you ever want to learn to be a musician, try playing with a circus band and constantly changing from a polka, to a waltz, to a march, Scottish, Fox trot, two-step, Rumba and back again while a large Gray Pachyderm dances. Not a great profession but it helped put me through school.

As the seats were being set, multiple other people were doing their thing to make the show come together. The electrician and helpers were hanging light canopies from one end of the tent to the other and connecting to plants to make the power we needed. We carried our own generators so we didn't need to depend on being hooked up to the grid since sometimes the grid was a long way away. At the same time, outside the tent the performers, "Kinkers", were hooking up trailers and RV's to power and of course the cook house needed power to prepare for "lunch" about 11 a.m. At this stage, the circus is a bee hive of activity and an interesting thing to observe.

At this point, the middle of the tent is coming into a finished product of equipment so the performers can perform. This part is done by the "prop boy" and crew and has to be done correctly or a real problem can ensue. The aerial rigging is hung so that the trapezes can be pulled up and other rigging laid out for use. Our show worked on 3 rings and 2 low platforms called stages. Not each section was doing something at all times but overall, a fair amount happened.

The 24 hour man was hanging the advertising line and the ads placed over the Bandstand so that everyone could see. The ticket takers were showing up

*Dr. Rex recently retired from his OMM practice in Edmonds. This is the 90th in his collection of Bear Droppings, his reflections on life in and out of the osteopathic medical profession.*

to hang the canvas curtains so that the various areas were blocked off and the ticket stands were set up. On a Circus, everyone has several jobs and there are some interesting names for what you have to do. The above is an example of "Cherry Pie". If you want to be a ticket seller / taker, you have to set up the ticket booths and the dividers. At least you can see the connection to your job. However, the people who sell concessions frequently have to set up the back end Blue seats which can only remotely be connected to your job. With apologies to modern politically correct sensitivities, this is called "Chinese". However, for the most part, if you do a job you get some pay although this was usually small but if you did enough little jobs and saved your money, it added up. I came home in 1960 to my senior year in High School with \$3000 in the bank. Roughly in those days equal to about 3000 visits for a Doc. Not too bad for a 17 year old kid.

Well not much to do now but hit the cook house and see what savoury collations have been prepared for today. See you next time.

Bear

## Reminder for L&I Providers

As of January 1, 2013, **providers must be enrolled in the new L&I network with an approved provider agreement to provide and be reimbursed for care to injured workers in Washington State** beyond the initial office or emergency room visit. Current L&I providers must re-apply to join.

Once the provider network is established in the worker's geographic area, an injured worker may receive care from a non-network provider only for an initial office or emergency room visit. They must then choose a network provider for ongoing care. Complete information on the network and a copy of the program's new standards are available on the L&I website. Medical providers may apply online at [www.JoinTheNetwork.lni.wa.gov](http://www.JoinTheNetwork.lni.wa.gov).

## WOF Update

At its meeting on April 21<sup>st</sup>, the Washington Osteopathic Foundation Board awarded three scholarships to osteopathic medical students. Jason Schend, OMSI, PNWU is the recipient of a \$1,000 Eugene Imamura, DO Scholarship. Andrea May, OMSII, AT Still-Arizona and Jordan Collier, OMSII, PNWU are each recipients of a \$1,000 Warren Lawless Scholarship.

In addition to the scholarships, the Board approved \$10,000 low-interest loans to four osteopathic medical students who are committed to practice in Washington upon completion of their training.

The conservative investment policy of the Board prevented the Foundation from losing funds but it has severely limited the amounts of interest and dividends earned. That, combined with the recent increase in requests for loans and a huge reduction in contributions over the last few years has left the loan and scholarship funds severely depleted. Unless more contributions are received, the Board will be forced to suspend the award of loans and scholarships until the funds can be replenished.

Two fundraisers are planned this year. An auction will be held during the annual convention on Saturday, June 23<sup>rd</sup> at Semiahmoo. On September 22<sup>nd</sup> WOMA's annual Fall OMM seminar at PNWU in Yakima will benefit the Foundation. This will be preceded on Friday, September 21<sup>st</sup> with the Osteopathic Foundation of Central Washington's annual golf tournament at the Elks Golf and Country Club in Yakima. For more information on the golf tournament go to <http://www.ofcw.org/golfclassic/>.

Make it a FUNdraising weekend in Yakima and earn some great CME!

Because the Washington Osteopathic Foundation is recognized by the IRS as a 501 (c)(3) non-profit organization, all contributions are tax-deductible. A contribution form is available on the WOMA website at [www.woma.org](http://www.woma.org) (select Foundation tab, then WOF Contributions tab and click on Contribution Form) or call Kathie Iiter, Executive at 206-937-5358 or email [kitter@woma.org](mailto:kitter@woma.org).

## Osteopathic Continuous Certification

Rather than being a single event, certification should be a continuous, lifelong process. The American Osteopathic Association's Bureau of Osteopathic Specialists (BOS) has mandated that each specialty certifying board implement Osteopathic Continuous Certification (OCC). OCC will serve as a way in which board certified DOs can maintain currency and demonstrate competency in their specialty area. The only change to the current osteopathic recertification process is the addition of a Practice Performance Assessment.

Each specialty certifying board is currently developing OCC, and they will have the OCC process in place and implemented by January 1, 2013. If you hold a time-limited certificate, you will be required to participate in the five components of the OCC process in order to maintain your osteopathic board certification.

Why OCC? The single certification/recertification examination model at given intervals is **no longer the competitive standard** in the health care industry, or the standard demanded by the public. Federal and state governments as well as health plans are now tying reimbursement to **performance measures**. External factors in the past decade have also made it apparent that the osteopathic medical profession needed to consider **performance evaluation** as part of the certification process.

The OCC process for osteopathic physicians will change as of Jan. 1,

## Prescriptions Must Have Two Signature Lines

Health care prescribers are reminded that the Board of Pharmacy law requires every written prescription have two signature lines at the bottom of the prescription. RCW 69.41.120 requires: 1) All written prescriptions shall have two signature lines at opposite ends of the bottom of the form. Under the line at the right side shall be clearly printed the words "DISPENSE AS WRITTEN". Under the line at the left side shall be clearly printed the words "SUBSTITUTION PERMITTED". 2) The practitioner must communicate instructions to the pharmacist by signing the appropriate line. 3) For oral

2013. Learn more about the upcoming changes and how they will affect you by attending the AOA's upcoming webinar, "What is Osteopathic Continuous Certification?" Ronald E. Ayres, DO, and Stephen M. Scheinthal, DO, will discuss the new OCC requirements for osteopathic physicians with time-limited certificates.

### Webinar Details

Topic: What is Osteopathic Continuous Certification?

Date: May 30, 2012

Time: 8:30 p.m. EST/7:30 p.m. CST

This program has been approved for one credit of AOA Category 1-A CME credit.

Register now for the webinar or learn more about important upcoming changes for the osteopathic medical profession by joining the osteopathic family road trip.

If you have a non-expiring certification, you will not be required to participate in OCC at this time. The AOA strongly encourages your participation. The Federation of State Medical Boards (FSMB) has agreed to accept OCC for Maintenance of Licensure (MOL). If you do not participate in OCC, you may have additional requirements for MOL as prescribed by the state(s) where you are licensed. Remember that "non-expiring" is not a lifetime certification. **You are required to maintain your license to practice and to maintain AOA membership, which also includes meeting all CME requirements for your specialty.**

prescriptions, the practitioner or the practitioner's agent must tell the pharmacist whether a therapeutically equivalent generic drug may be substituted.

Pharmacy Board inspectors have found a significant number of prescriptions—many generated electronically—that lack two signature lines. The Pharmacy Board urges practitioners to ensure that clinics, particularly those using EMRs, comply with this requirement. A pharmacist may refuse to fill a prescription that does not meet these requirements.



# Helping the Healer: The Role of Washington Physicians Health Program in Protecting Our State's Osteopathic Physicians

Written by Amanda Buhl, MPH, Research and Communications Coordinator, WPHP

And Gary Carr, MD, Medical Director, WPHP

The Washington Physicians Health Program (WPHP) is a private, non-profit organization established in 1986 by the Washington State Medical Association (WSMA) with the mission of reaching out to troubled colleagues. Since that time, the organization has grown in structure and function, receiving thousands of referrals, and assisting approximately 1,000 health care professionals in the state of Washington.

An article recently published in the *Annals of Internal Medicine* estimated that 30 percent of physicians experience a period in their careers during which they have a condition—mental or physical—that could impair their ability to practice safely. The goal of WPHP is to assist practitioners before an illness progresses to impairment. WPHP helps identify those at risk, makes referrals for evaluation or treatment, monitors the recovery, and endorses the safety of health care professionals who have a condition that could impact their clinical performance. These conditions could include alcohol and/or substance abuse or dependence, major depression, bipolar disorder, cognitive disorders, personality disorders, and physical disorders, such as multiple sclerosis or chronic pain.

WPHP offers a variety of programs tailored to the unique needs of each client. By contract with the Washington State Department of Health, WPHP is the qualified provider of these services to physicians (M.D. and D.O.), physician assistants, dentists, veterinarians, and podiatrists.

WPHP takes referrals from any individual who has a concern that a physician or other health care professional may have a potentially impairing condition. Signs of substance abuse, significant emotional lability, significant depression, or overwhelming anxiety can be warning signs of a disease process that may disrupt the professional's career and threaten patient care. WPHP is also able to provide assistance with issues related to disruptive behavior among health care professionals and is available to consult on such cases and provide guidance to

medical staff leadership. Often instances of disruptive behavior are the product of an underlying psychiatric condition.

WPHP provides its services as a therapeutic alternative to discipline. According to the Washington Administrative Code 246.16.220, all license holders are required to identify colleagues who may be impaired by a mental or physical condition to *one* of two entities for immediate help in an effort to prevent patient harm. These two entities are WPHP or the Department of Health.

Confidentiality is one of the program's most critical components. To the maximum extent provided by existing state and federal law, WPHP is a confidential resource for health care professionals and their spouses, domestic partners, families, employers, and colleagues who have concerns that a practitioner might be at risk for potential impairment. Due to legislative protections, roughly 90 percent of current WPHP clients are participating in the program confidentially, without the knowledge of their licensing boards. Of the 10 percent whose participation is known to their licensing boards, the majority are individuals who were identified to their board before being referred to WPHP.

The efforts of WPHP protect the people of Washington through innovations in early identification of potentially impairing conditions. WPHP is a nationally recognized leader in program design, research, and prevention of impairment, and its staff members endeavor to promote the health and success of practitioners while preserving valued members of the medical community. WPHP helps fellow health care professionals through formal evaluation, treatment, monitoring, and earned advocacy, with very successful outcomes. Of the professionals with addictive illness under contract with WPHP, 82 percent complete five years of monitoring without relapse. For those that do have a brief relapse, 75 percent have only one. As of May 2012, WPHP is actively monitoring 303 practitioners.

WPHP staff members are available for confidential referrals and to discreetly answer questions and provide guidance. In addition, WPHP offers a variety of educational presentations and Continuing Education courses. For more information, visit [www.wphp.org](http://www.wphp.org) or call (800) 552-7236. Your call may save a career, and—more importantly—it may save a life.

## L&I Amends Missed Appointment Policy

Effective March 23, 2012, L&I is now providing additional circumstances under which you may bill for a missed appointment.

Other than missed appointments for examinations arranged by the department or self-insurer, a provider may bill an injured worker for a missed appointment if: (a) The provider has a missed appointment policy that applies to all patients without regard as to which insurer or entitlement program may be responsible for payment; and (b) The provider routinely notifies all patients of the missed appointment policy.

The implementation and enforcement of the policy is a matter between the provider and the injured worker. L&I is not responsible for the implementation and/or enforcement of the provider's policy.

## State Receives Abbott Settlement

Washington will receive \$7 million from multistate settlements with Abbott Laboratories over allegations the company illegally promoted an anti-seizure drug. Abbott has agreed to pay \$1.5 billion over the illegal off-label marketing of its anti-seizure drug Depakote.

A total of 49 states, plus the District of Columbia, are participating in the Medicaid settlement announced Monday. Attorney General Rob McKenna said the state is to receive \$10 million from that, but half of that amount goes to the federal government, netting the state \$5 million. The state will receive an additional \$2 million under a separate settlement with Abbott of consumer claims in 45 states and the District of Columbia.