

Premed Forums Continue Emphasizing the Osteopathic Advantage



WOMA Board member Scott Fannin, DO and PNWU Director of Admission Leann Hunter answer questions from Seattle U students.

WOMA hosted osteopathic premed forums for over 180 students at seven universities in the Puget Sound area during October. WOMA members and osteopathic medical students from PNWU, COMP, SOMA and DMU shared their experiences in choosing osteopathic medicine while representatives from the PNWU and COMP Northwest admissions offices discussed the application process and curriculum.

We are grateful to Jeanne Crump, DO, PhD, Michael Riggin, Melody Olsen and LeAnn Hunter of PNWU and Luke Rauch and Dirk Foley of Western U COMP Northwest for their contributions to the success of these forums.

The following osteopathic physicians provided insight to the advantages of osteopathic medicine: Western Washington University – Joshua Cohen, Mischa Coleman, Tung Ha, John Nuetzmann and Tammy Starr; St. Martin’s University – Brian Boldt, Dan Dugaw and Stan Flemming; Pacific Lutheran University – Marc Cote; University of Puget Sound – Jon Geffen and Wendy Heusch; Seattle University – Scott Fannin and Peter Grimm; University of Washington – Harold Agner, Stan Flemming and Lyndsey Rasmussen; and Seattle Pacific University – John Finch, Vernon Hall and Steven Leifheit.



University of Puget Sound premed students listen as PNWU admissions staff Melody Olsen describes the application process.

The following osteopathic medical students took time from their busy schedules to share their reasons for choosing osteopathic medicine: PNWU – Scott Blanchett, Rhyme Dengenis, David Lewis, Mark Litton, Elaine Peterson, David Escobar, Keith Peterson, Jonathan Novotney, Olga Valieva; COMP – Justin Hull, and Melissa Amberger; AT Still-SOMA – Sutira Scheef, Ellie Erickson, Stephanie Bauman, Laura Turgano, Andrea James, Juliet Morgan, Dennis Linderman and Thuy Pham; and Des Moines University – Stephanie Reiser.

If you would like to participate, especially if you are an alumnus of any of the schools at which we host a premed forum, please contact Kathie Itter at kitter@woma.org.



Second Year ATSU-SOMA students Ellie Erickson and Stephanie Bauman talk about the difference in their community clinic-based curriculum with UPS premed students.

Winter Seminar Features Cardiology for Primary Care

On Saturday, December 3, 2011 WOMA will present its Winter Seminar, Cardiology Update for Primary Care Physician. The seminar will feature William Elliott, MD, PHD, Chair, Pharmacology and Professor of Preventative Medicine, Internal Medicine, and Pharmacology at the Pacific NW University of Health Sciences College of Osteopathic Medicine, Spokane Endocrinologist Ken Cathcart, DO Tacoma Cardiologist Rose Peterson, MD, presenting cardiology and related topics. The program will end with a presentation on the new Washington State Prescription Monitored Program (PMP) scheduled for full implementation in January, by program director Chris Baumgartner.

The seminar will take place at the Doubletree Guest Suites Southcenter/SeaTac and has been approved for **8 Category 1-A AOA credits**. This Live activity, Cardiology Update for the Primary Care Physician, with a beginning date of December 3, 2011 has been reviewed and is acceptable for up to **8 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.

The deadline for the early seminar registration discount of \$50 is November 18. The Doubletree Guest Suites is offering a special room rate of \$89 using the booking code WOM. The room block will be released on November 11, so get your reservations in before then.

Registration forms have been mailed or can be accessed at www.woma.org.



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

Meetings Notice

The **WOMA Board of Governors** will have its quarterly dinner meeting and installation of 2012 officers at 6:30 p.m. Saturday, December 3.

The **Washington Osteopathic Foundation Board** will meet prior to the WOMA board at 5:45 p.m., immediately after the WOMA Winter Seminar, at the Doubletree Guest Suites/Southcenter, 16500 Southcenter Parkway, Seattle.

WOMA Welcomes New Members

The following applications for membership were approved by the WOMA Board of Governors at their quarterly meeting held September 16, 2011:

Active

Byron Burrup, DO MSU'89
Joe Gendreau, DO PUCOM'87
Billy Vanusupa, DO KCOM'01

Postgraduate

MaryAnn Galagate, DO SOMA'11
Sonja Lynn VCOM'09
James McGlothlin, DO VCOM'09
Johnny Shum, DO NSUCOM'11
Adam Stephenson, DO COMP'11
Randy Wang, DO TUCOM'11

Student

Christopher Bolander DMU'15
Morgan Wise PNWU'15
Stephanie Posten PNWU'15

Getting to Know You

WOMA is pleased to welcome the following new Active members:

Byron Burrup, DO is a 1989 graduate of MSU-COM. He is a family practitioner in Kennewick.

Joe Gendreau, DO graduated from OUCOM in 1987. He is a radiologist on Mercer Island with a focus on neuroradiology, MRI and Teleradiology.

Billy Vanusupa, DO is a 2001 graduate of KCOM. He completed his residency training at Tripler Army Medical Center and is in the practice of urology in Mill Creek.

Public Affairs Committee Vacancies

The WOMA Public Affairs Department is charged with many responsibilities, the main focus of which is monitoring legislative activity. The Committee meets in the months in which the Board of Governors does not meet (January, February, March, May, June, August, October and November of 2012). The meetings are held in the WOMA office in West Seattle in the evening, usually the second Wednesday, starting at 7:00 p.m. and may be attended by conference call.

The Committee will have two vacancies in 2012 for active members who are interested in the legislative process and willing to increase their involvement with the leadership of WOMA. Most communication is done

WOMA Welcomes New Lobbyist

WOMA is pleased to announce it has contracted with Knutson Consulting to provide lobbying services. David Knutson recently retired from the House of Representatives after thirty years of state service. For the past eleven years he served as the Staff Coordinator of the House Healthcare and Wellness Committee.

As staff coordinator, his duties included scheduling legislation for public hearings, drafting legislation and amendments and coordinating the work of the Committee with the Ways and Means Committee, Senate and Executive Branch agencies responsible for the delivery of health care, including the Health Care Authority, Department of Health and DSHS. He has staffed both fiscal and Policy Committees with the House over his career.

David's firm specializes in health care, mental health, developmental disabilities and long-term care services. He has a Master's Degree from the University of Washington in Social Welfare Administration.

In the 2010 legislative session, David worked on the successful adoption of House Bill 1183, which forbids an institution of higher education from prohibiting a hospital or physician to enter into an agreement to provide student clinical rotations or residencies to qualified osteopathic or allopathic medical students. (Some osteopathic medical students were experiencing exclusion or last minute drops from scheduled rotations because of some preceptors' exclusive agreements with another medical school.)

PNWU and WOMA lobbyists worked together to obtain one legislator vote shy of unanimous support of the bill. The issue was also lobbied by DO and student members at WOMA's DO Day in Olympia.

To register for the 2012 DO Day in Olympia, go to page 10.

by email which needs to be checked at least once a day. If you are interested in this opportunity, please send your CV to Kathie Itter, Executive Director by email to kitter@woma.org or mail to PO Box 16486, Seattle, WA 98116-0486.

What's New at PNWU

By Dean Robyn Phillips-Madson, DO, MPH

The Pacific Northwest University of Health Sciences College of Osteopathic Medicine has four full classes, two of which are training in 16 core sites in Washington, Alaska, Idaho, Montana and Oregon. Eight residencies have been approved, include five Family Medicine and two Internal Medicine in Washington and 1 Frontier Family Medicine in Montana. Several more are in the works.

The school is on track for full accreditation with the graduation of the first class on May 12, 2012 at the Capitol Theatre in Yakima.

Fourth year students are completing their audition rotations. Approximately 60% of them are choosing to apply to primary care residency programs.

Phase 2 building plans, including a large auditorium, more office space, restrooms and a kitchen are progressing, and a bulldozer is prepping the ground for a soccer field in the back of Butler-Haney Hall. Hydro-seeding will be done in the early spring. Renovations are underway in BHH for a bench research lab for two anatomy basic science professors.

Retired Active License

The Board of Osteopathic Medicine and Surgery denied WOMA's request for implementation of a retired active credential as permitted by law. The reason given by the Board is that the Active License is sufficient.

The retired active license would be available at a significantly reduced fee to currently licensed osteopathic physicians who wish to retire and maintain their licenses to provide uncompensated care. CME requirements are the same as for active licenses.

If WOMA can provide significant interest from current licensees in the retired active credential, it will re-submit a request. To do that we need to hear from those of you who are interested. Please send a note to WOMA Executive Director Kathie Itter, PO Box 16486, Seattle, WA 98116-0486 or email kitter@woma.org.

Prescription Monitoring Program Access for All

The Washington State Prescription Monitoring Program, referred to as Prescription Review, is a secure online database that will be used across Washington State to improve public health. All practitioners are required to review their patients' health information before they prescribe or dispense drugs. All clinics and offices will be connected with one another and look for duplicate prescribing, possible misuse, drug interactions and other potential concerns.

Prescription Review collects data on Schedules II, III, IV and V controlled substances. Dispensers began submitting data on October 7, 2011. Several prescribers will participate in a pilot program during December before the program goes live for everyone in January.

The department has completed the development of two new resources for the program.

1) A new public fact sheet is now available to assist Washington residents in understanding the new program. It is linked from this page:

<http://www.doh.wa.gov/hsqa/PMP/public.htm>

Fact Sheet: <http://www.doh.wa.gov/hsqa/PMP/documents/publicfactsheet.pdf>

2) A new provider fact sheet to assist prescribers and pharmacists become familiar with the program and inform them of the benefits the program will provide them once they can request a patient prescription history. You can find this fact sheet linked from this page: <http://www.doh.wa.gov/hsqa/PMP/providers.htm>

Fact Sheet: <http://www.doh.wa.gov/hsqa/PMP/documents/providerfactsheet.pdf>

Additional resources will be developed to further assist providers with the program and system. Grants have paid for the program implementation and operation through June 2012. The Department of Health is looking at options to continue funding, including an \$11 assessment to prescriber license fees. WOMA has suggested that the assessment be taken out of the controversial HEAL-WA \$25 assessment as that program has a surplus. Because so many licensees do not need or use the HEAL-WA resources, the PMP would be considered by many to be a better use of those funds.

Check Your Disability Insurance Policy Language

You are cautioned to review disability insurance policies carefully. AOA recently received information from a member who had purchased a disability policy from Berkshire Life Assurance Company/Guardian Life Assurance Company of America that did not grant equal recognition to certification from ABMS and AOA specialty boards.

While policy holders who are certified by ABMS boards were assured of disability compensation in line with the specialty certification, the insurance company declined to provide the same assurance to physicians who are certified by an AOA Board and, instead, would look for other documentation of specialty practice. The AOA continues to press Berkshire/Guardian to change its position and give AOA board certification recognition as an equivalent to ABMS board certification.

2011-2012 CME Calendar

- December 3, 2011
- Cardiology Update for Primary Care**
- Seattle
- 8 Category 1-A Credits Anticipated
- April 21, 2012
- Pain Management Update**
- Seattle
- 8 Category 1-A Credits Anticipated
- June 21-24, 2012
- 99th Annual Northwest Osteopathic Convention**
- Blaine, WA
- 25 Category 1-A Credits Anticipated
- September 21, 2012
- OMM – WOF Fundraiser**
- Yakima
- 8 Category 1-A Credits Anticipated
- December 1, 2012
- Health Matters: Mars and Venus**
- Seattle
- 8 Category 1-A CME credits Anticipated

Medicare Carrier Advisory Committee

Meeting Report October 11, 2011

By Harold Agner, DO, Committee Member

The selection of this region's Medicare Claims Administrator is still under CMS appeal. Noridian will continue during the appeal process. Selection of the claims administrator is anticipated in Dec 2011.

Provider Enrollment Revalidation

All providers and suppliers who enrolled in the Medicare program prior to Friday, March 25, 2011, will have their enrollment revalidated under new risk screening criteria required by the Affordable Care Act (section 6401a). Do NOT send in revalidated enrollment forms until you are notified to do so by your MAC. You will receive a notice to revalidate between now and March 2013. Failure to respond will lead to deactivation from the Medicare program for 2 years. For more information about provider revalidation, review the Medicare Learning Network's Special Edition Article #SE1126 [PDF, 101KB]

The Medicare EHR Incentive Program

This program provides incentive payments to eligible professionals, eligible hospitals, and CAHs that demonstrate meaningful use of certified EHR technology. Eligible professionals can receive up to \$44,000 over five years. There's an additional incentive for eligible professionals who provide services in a Health Professional Shortage Area (HPSA). To get the maximum incentive payment, Medicare eligible professionals must begin participation by 2012. Important! For 2015 and later, Medicare eligible professionals that do not successfully demonstrate meaningful use will have a payment adjustment in their Medicare reimbursement. Enrollment has started. Visit <http://www.cms.gov/EHRIncentivePrograms/01Overview.asp#BOOKMARK1>.

A local information resource is Jennifer at 206.615.2450.

e-Prescribing (e-Rx)

A minimum of 10 (e-Rx) are required by Oct 2012 to meet standard. Over-the-Counter meds may qualify as e-Rx. Four new practice exemptions have been added to list. The penalty phase with 1% payment reductions begin in 2012. Details are available at the Noridian website

(www.noridianmedicare.com/)

Electronic Billing Submission Changes

The current standard (4010) is to be replaced by 5010 Jan 1, 2012. You should test claims submissions with your clearing houses prior to this date to prevent payment delays. ICD-10 code sets replace ICD-9 code sets Oct. 1, 2013. No extension of this compliance date is anticipated. AMA, AOA, and Noridian websites offer instruction and suggestions on preparation and compliance

ABN (Advance Beneficiary Notice of Noncoverage)

Recover Audit Contractors (RAC) and Comprehensive Error Rate Testing (CERT) reviews have identified frequent errors that will invalidate the ABN, leading to payment recoupment.

- Provider name, address, and phone number missing from top of page
- Reason why Medicare may not pay
- Estimated cost
- Patient signature and date

You may not amend an incomplete ABN after providing the service. You may not subsequently bill the patient if you fail the review process.

RAC - Recovery Audit Contractors

The report to Congress on the RAC program is available on the CMS website. RAC for the Medicaid program is expected after Jan 2012.

WOF Update

The Washington Osteopathic Foundation is always grateful for contributions which it receives in support of osteopathic training. Since 1971, the Foundation has assisted osteopathic medical students with low-interest loans. It provides an incentive in the form of lower interest rates and lenient repayment schedules for those who practice in Washington upon completion of their training.

For forty years the program has been able to sustain itself with the repayment of loans. Eighty-seven applicants have received loans totaling \$491,850. With more students training in Washington, the request for loans is increasing to the point where more funds are needed to accommodate the requests.

In addition to the loan program, the Foundation also provides a few scholarships and supports the osteopathic premed forums at several universities to ensure that students seeking a future as a physician know and understand what osteopathic medicine has to offer them.

The Foundation is grateful to the many donors and bidders who participate each year in the Foundation's auction held during the annual WOMA convention. We also wish to express appreciation to the following for their contributions in 2011:

Charles Schuetz, DO *in memory of Jay Crump, DO and Harold Magoun, DO;*
Murray Rouse, DO
Bill Dickinson, DO

Donations are at an all-time low, not surprising with the status of our economy. (In 2009, forty-nine Washington DOs were on the contributor list.) That being said, if you are in a position to help, tax-deductible contributions of **any amount** are always appreciated. Donations made in honor or memory of a loved one or mentor will be acknowledged in next year's Fall Edition of the Washington DO. A contribution form is available at www.woma.org under the Foundation tab.

Remembered

Donald Lee McCabe, DO of Freeland, WA passed away on July 14, 2011 at the age of 85. He graduated from the Philadelphia College of Osteopathic Medicine in 1950 and trained and practiced at the Philadelphia

Psychoanalytical Institute from 1956 to 1962.

Dr. McCabe was in general practice in Pennsylvania until moving to Sacramento, CA in 1974 where he practiced until 1988 when he opened a

general practice office in Freeland, WA. He served as President of the Osteopathic Physicians and Surgeons of California in 1979-1980.

Dr. McCabe was preceded in death by his wife, Jean, in 2009.

Pain Rules Affect Access in Community Clinics

A recent report from the American Pain Foundation stated that after receiving numerous reports that community clinics were no longer treating people with pain they conducted a telephone survey in September 2011. The main call center for each clinic was used as the primary contact in order to mimic the approach patients would use if they were seeking appointments.

The Foundation contacted 117 statewide medical community centers. Of those, 108 were reached, 70% stated they do not treat patients with chronic pain. 10% said they would

treat chronic pain patients, but not with opioid therapy. 6% said they would accept chronic pain patients only with certain conditions, including an existing treatment plan designed by a pain specialist, willingness to discontinue an opioid treatment plan, or having a specific type of insurance. 14% will still see patients with chronic pain, although some of them are in the process of re-evaluating their policy. Most of the clinics that do not treat chronic pain patients had no referral for people with chronic pain.

WOMA Survey in Process

Now that the pain rules have been in effect for over four months, WOMA is surveying osteopathic physicians about what affect, if any, the rules have had on access to care by chronic non-cancer pain patients. If the results indicate an access problem, the information will be used to support a request to the Board of Osteopathic Medicine and Surgery and/or the Legislature to amend the rules or create legislation to increase access for chronic non-cancer pain patients.

A link to the online survey, now in its final stages of development, will be emailed to every DO in the state for which WOMA has an email address. It will consist of 14 questions, mostly yes/no or multiple choice and should take

less than 15 minutes to complete. You should not participate in the survey if you qualify for exemption from the pain specialist consult requirement under WAC-246-853-672 If or your discipline is physical medicine and rehabilitation, neurology, rheumatology or anesthesiology or you have a subspecialty certificate in pain management by and AOA or ABMS approved-board.

All eligible DOs are strongly encouraged to take the survey to provide meaningful results. If you do not receive the survey by November 15, please call or email the WOMA office at 206-937-5358 or bmorris@woma.org. All surveys must be completed by November 30, 2011.

Pain Management Update

The WOMA CME Committee has scheduled a Pain Management Update for Primary Care on April 21, 2011 in Seattle. Program Co-chairs Lynda Williamson, DO and Dan Wolf, DO have assembled an impressive array of presenters. Featured speaker is **Scott Fishman, MD**, Professor of Anesthesiology and Chief of the Division of Pain Medicine at the University of California, Davis and author of **Responsible Opioid Prescribing – A Physician's Guide**. Dr. Fishman will cover several topics, including the health crisis of prescription drug abuse and under-treated pain, assessment, treatment planning and ongoing risk management, prescription monitoring programs and tamper resistant drug strategies. **Paul B. Brown, MD** will provide information on rheumatology workup in primary care. **Dan Wolf, DO, Lynda Williamson, DO** and **Mike Quirk, DO** will provide a panel review of the new pain management rules and Prescription Monitoring Program.

Eight AOA Category 1-A credits are anticipated, which will help meet the State CME requirements to exempt a prescriber from the rule provision to consult a pain specialist when prescribing 120 MED or more. Registration and more program information about the program will be available in January.

Save the Date!

99th Annual Northwest Osteopathic Convention

June 21-24, 2012

Semiahmoo Hotel & Conference Center
Blaine, Washington

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A Closer Look at Medical Protective

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To promote safety and to reduce liability, each healthcare provider should:

- Create a culture of safety supported by respectful communication with patients and among all staff, consultants and appropriate family members.
- Utilize educational materials consistent with each patient's ability to comprehend and document all patient education in the medical record, thus supporting a comprehensive informed consent process.
- Establish a comprehensive test result and referral tracking system to monitor for accurate and timely follow-up.
- Institute a policy for the disclosure of adverse events and include such policy as a part of staff orientation and ongoing education.
- Initiate written policies and procedures regarding refunds and waivers specific to all payers and consistent with state and federal regulations.

Quick tips to help you avoid a claim

Here are a few tips you can implement today to help avoid a lawsuit.

1. **Spend time with the patient** – the longer the visit, generally the more satisfied the patient
2. **Make sure you have complete and accurate (and legible) charting** – this record may be your best ally
3. **Be aware of your patient's entire medical history** – don't just treat your patient's current complaint, but also review his/her past medical history before treating
4. **Explain risks and side effects** of a recommended course of treatment/procedure, as well as prescribed medications
5. **Personally obtain informed consent** – do not rely on staff to perform this important step

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Defend your reputation and assets.

■ Contact Geoff Smith at 800-4MEDPRO ext. 3771 or your local MedPro appointed agent.

HRSA Update

HRSA: New report finds children in rural areas face different health challenges

Children in rural areas are more likely to face different challenges to their health and have less access to care when compared with children in urban areas, according to a new report from the Health Resources and Services Administration (HRSA). The National Survey of Children's Health (NSCH): The Health and Well-Being of Children in Rural Areas: A Portrait of the Nation in 2007, which is published every four years, examined the overall health of rural children in the United States from birth to 17 years. The report finds greater prevalence of certain physical, emotional, behavioral and developmental conditions in rural areas. Additional findings include:

- Children living in rural areas are more likely to have public insurance, such as Medicaid or the Children's Health Insurance Program, while urban children are more likely to be privately insured.
- The percentage of children with chronic conditions such as obesity, asthma and diabetes is highest amongst teenagers living in small rural areas.

For more information and a link to the report: <http://www.hrsa.gov/about/news/pressreleases/111024ruralchildren.html>

Medicare Conditions of Participation Proposed Rule and Medicare Regulatory Reform for public review and comment

On October 18, the Centers for Medicare & Medicaid Services (CMS) took steps to reduce unnecessary, obsolete, or burdensome regulations on American hospitals and healthcare providers. CMS proposed two sets of regulatory reforms today designed to improve transparency and help providers operate more efficiently by reducing their regulatory burden. One set proposes updates to the Medicare Conditions of Participation (CoPs) for hospitals and critical access hospitals (CAHs). The second set addresses

regulatory requirements for a broader range of health care providers and suppliers who are regulated under Medicare and Medicaid. The rules take into consideration numerous burden reduction recommendations from hospitals, critical access hospitals, and patient advocates, among others.

Medicare Conditions of Participation (CMS-3244-P): This proposed rule would revise the requirements that hospitals and critical access hospitals must meet to participate in the Medicare and Medicaid programs. The proposed rule is designed to reduce the regulatory burden on hospitals by the following:

- Allowing CAHs to provide certain services, including laboratory and radiology services, under arrangement.
- Eliminating burdensome requirements that do not permit hospital patients or their caregivers/support persons to administer certain medications.
- Allowing hospitals to determine the best ways to oversee and manage outpatients by removing the unnecessary requirement for a single Director of Outpatient Services.
- Increasing flexibility for hospitals by allowing one governing body to oversee multiple hospitals in a single health system.
- Enabling hospitals to have a single, interdisciplinary care plan that supports coordination of care instead of requiring a separate stand-alone nursing care plan.

Medicare Regulatory Reform (CMS-9070-P): This proposed rule identifies and proposes reforms in Medicare and Medicaid regulations that CMS has identified as unnecessary, obsolete, or excessively burdensome on health care providers and beneficiaries. This rule would help reduce unnecessary burdens on health care providers, allowing them to dedicate more resources to improving patient care. Some of the more than two dozen proposed regulatory changes include:

- Eliminating obsolete regulations, including expired OMB paperwork control numbers; outmoded infection control instructions for Ambulatory Surgical Centers; outdated Medicaid qualification standards for physical and occupational therapists; and duplicative requirements for governing bodies of Organ Procurement Organizations.

- Eliminating the current Medicare requirement that automatically deactivates a provider or supplier who has not submitted a claim for 12 consecutive months, keeping providers from inadvertently being barred from re-enrolling in Medicare for a certain period. Savings from this regulatory reform are projected to be \$26.7 million annually.

- Updating e-prescribing technical requirements so Medicare Prescription Drug Plans meet current standards.

These rules are available for public inspection at: visit www.ofr.gov/inspection.aspx.

ASF Fees Underestimated

After realizing that they had underestimated the cost of inspecting and running the licensing program for Ambulatory Surgical Facilities, the Department of Health is proposing a substantial increase in licensing fees. After conducting a fee study, the Department of Health determined that the estimated cost to fund the program requires a fee of \$4,927 per facility per year. Because it is such an extreme increase they are proposing to use a phase-in model starting with fewer FTE's that would require fees of \$3,360 per facility per year..

The 2011 Legislature passed House Bill 1575 which modifies the current licensing law to expand which facilities are to be licensed as an ASF. Effective January 1, 2011 an ASF is defined as a facility which is a distinct business entity and operates for the primary purpose of providing specialty or multi-specialty outpatient surgical services.

For more information go to www.doh.wa.gov/hsq/FSL/AmbulSurgFac/.



Bear Droppings... ..

by Loren H. Rex, D.O.

In the last installment I discussed the life of a “Bill Poster” in the world of the Circus. With a little luck and some hard work, the town where the circus is showing is plastered from end to end and for several miles around with brightly colored circus posters designed to bring them in for a day of fun excitement and letting your money go. But before the circus actually arrives in town there is still a lot to be done. Part of the advance is a person known as the “24 hour man”. Actually on one of the shows I was with, the “Man” was actually a man and wife and they did a great job. Naturally the contacts these people have developed over the years determines when a lot of deals are done so some things go on for years and some are new each season. One of the things these people did for me was a contract with Coca Cola. Coke provided new concession tents each season and as the show moved across the country, the local or regional bottler knew where we were and made contact and replenished whatever I needed to keep things going.

We also had a contract with Chevrolet that was managed by the 24 hour people. Whenever there was a Chevy dealer in the town where we were playing they would make contact and arrange for our elephants to walk or be trucked in our Chevy trucks to the dealership to draw attention to the new models of Chevrolets available for sale. These wonderful dates allowed my “older” brother to send me with the elephants to smile, wave, answer questions, and further my growing dislike of elephants. Don’t even bother to send me hate mail about your love for these intelligent, interesting creatures. I, like many other people who have worked with Elephants, consider them large gray killers waiting for their chance. But I digress.

My favorite contract involved the watch that “takes a licking and keeps on ticking®”. Virtually every day some store in the town sold Timex watches.

So arrangements were made to bring said watch to the show grounds for a demonstration that was guaranteed to amaze, amuse, and mystify the “towners”. My brother would hold the watch up to a microphone and demonstrate the loud, steady ticking of the fresh out of the box, brand new Timex watch. An Elephant tub with a center that turned would be rolled into the center ring and a large Elephant would enter the ring for the contest of the millennium. The watch would be placed on the turn able center and the elephant would place their mammoth foot over the Timex and proceed to walk in a circle while applying unbelievable forces to crush the offending piece of technology. At the completion of the circle, the watch would be picked up so that the amazed crowd could hear the intact watch while my brother intoned “takes a licking and keeps on ticking®”. Of course, you elephant lovers all understand that the center of the elephant foot is very soft and never actually moved on the watch. Let’s hear it for the power of American advertising and a chance to buy a Timex downtown.

Depending on if there was a Farm machinery dealership in the town we might have a genuine “Tractor Pull”. While this is usually done with a sled covered by rocks or other weights, we had elephants and imagination so, combining the two, a couple of more bucks were extracted from the local economy. At the end of the regular performance, a tractor and an elephant were led to the center ring and attached to each other. As the suspense was being built by my announcer brother, an immense amount of energy was being spent by the elephant in resisting the efforts of the tractor to overcome the resistance of said beast and prove technology superior to 7,000 pounds of primal beast. After a sufficient allowance for the suspension to build and I suppose for the elephants kidneys to become sufficiently stimulated, the Elephant would begin to trumpet, beat their trunk

on the job, soak patrons in the front row and reluctantly begin the walk backwards and the final humiliation of capitulation to technology. As the crowd was clapping and cheering, I was never sure for which Gladiator the Elephant was led from the tent to an extra serving of hay for a job well done.

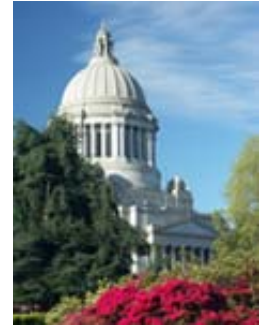
Of course an important function for the 24 hour people was to hit town a day or so before the show and sell advertising to the local merchants to be hung on a banner line in the tent the day of the show. These were inexpensive signs made on “Butcher Paper” with bright letters and sized according to cost. Often the Merchants would be there for the “teardown” to retrieve the sign for their store or the family treasures or something.

However, the real job of the people was to “arrow the road” so the illiterate drivers could hopefully make it to the show lot. You have perhaps been driving and noticed cardboard arrows masking taped to poles along the road and wondered what they could be. Well in fact, they represented a language all their own. An arrow pointed straight up meant there were no turns to be made for some time. The number of arrows indicated roughly how far the next turn would be. Arrows at an angle point down at 45 degrees meant a turn was coming up so slow down and there would be a turn to the side that the arrows were pointing. Arrows straight down meant a stop was coming up and again the number of arrows let you know how far it would be. This system worked well unless you “blew the arrows” in which case, you went to plan B. This meant finding someone who could read written directions given to the driver that morning.

To be continued.....

Bear

Washington Osteopathic Medical Association
5220 California Ave SW Suite B
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Seattle Wa 98116



D.O. Day in Olympia
February 23, 2012
Beginning at 9:30 a.m.
Columbia Room/Legislative Building

Join your osteopathic colleagues in Olympia as we discuss healthcare issues that will impact your practice. This is your opportunity to voice your concerns as the Washington State Legislature enacts healthcare reform and other policies that will affect you and your patients.

The day will start at 9:30a.m., with everyone assembling for instructions on how and what issues to discuss in your meetings with the legislators and updates on current legislation. Appointments with legislators will start at 10:30 a.m. Participants will meet with legislators and provide OMM demonstrations and free blood pressure checks to the public and legislators. All legislators will be invited to a lunch with our participants hosted by WOMA. Meetings will continue after lunch until 3:00 p.m. Please complete this registration form and fax or mail it to WOMA by **Friday, January 6th** to allow time to schedule appointments. This is a joint project with PNWU and those coming from the Yakima area are invited to ride the bus from PNWU to Olympia and back. Please indicate below if you want to ride the bus from Yakima.

Name _____

If you are a registered voter in Washington State please provide your Registered Voter Address so we can identify your legislators:

Address _____

City _____ Zip _____

Phone _____ Email _____

Please send registration to: WOMA
PO Box 16486
Seattle, WA 98116-0486

Or fax to: 206-933-6529

If you are coming from the Yakima area, indicate below if you wish to ride the bus from PNWU.

_____ Yes, I would like to ride the bus to Olympia from Yakima on February 23rd.

Agenda

- 9:30 a.m. Arrive in Olympia
Meet at Columbia Room, first floor of the Legislative Building for Briefing
- 10:30 a.m. Meetings with individual legislators
Blood pressure check stations, OMM demonstrations in Columbia Room
- 12 Noon Box Lunch with Representatives and Senators on Columbia Room
Remarks from Legislators
- 1:30 p.m. Meetings with individual legislators
Blood pressure check stations, OMM demonstrations in Columbia Room
- 3:00 p.m. Return home