

## Seattle U Hosts DO Forum



*Katheryn Norris, DO demonstrates OMT to premed students.  
 More photos on pages 11 and 12*

On Saturday, November 9<sup>th</sup> premed students of universities from Olympia to Bellingham participated in an osteopathic premed forum sponsored by the Washington Osteopathic Foundation and hosted by Seattle University.

Forum moderator Scott Fannin, DO welcomed everyone and played a short video about osteopathic medicine. He then introduced the osteopathic medical student panel who talked about why they chose osteopathic medicine and the challenges of applying to and attending medical school. The panel included Wes Owens, OMSII (ATSU-AZ), Sukhi Randhawa, OMSI (PNWU), Patricia Egwautu, OMSII (PNWU) and Elaine Joy Domingo, OMSIII (COMP-NW). Tara Nair, OMSIV and Kristi Trickett, OMSII of PNWU were also present to answer questions.

Admission staff Luke Rauch (COMP-NW) and Ricky Nussle (ATSU-AZ)

provided information about the application process and interviews.

Suzanne Laurel, DO spoke about practicing family medicine and OB at a community clinic in Auburn. Katheryn Norris talked about family medicine and OMT in a Farmworkers clinic in Grandview. Dr. Fannin followed with his perspective as a family medicine solo practitioner. This was followed by presentations from specialists Peter Grimm, DO (Radiation Oncology, Seattle), Marc Cote, DO (Internal Medicine/Military/Administrative, Madigan AMC), Dan Wolf, DO (Psychiatry, Seattle) and Dan Brzusek, DO (PM&R, Bellevue).

The forum ended with demonstrations in osteopathic manipulative diagnosis and treatment in small groups led by David Escobar, DO (Mt. Vernon), Richard Koss, DO (Maple Valley), Steven Leifheit, DO (Seattle) and Katheryn Norris, DO (Grandview).

## DO Day in Olympia

On Friday, January 24, 2014, WOMA physician and student members will converge upon the State capitol to make sure that the Legislature is well aware of the osteopathic profession and medical school in Washington.

The day will start at 9:15 a.m. in the Columbia Room of the Legislative Building with a briefing. Participants will move on to pre-scheduled appointments with their legislators, key committee members and leadership. OMM demonstrations and free blood pressure checks will be provided to the public.

Lunch and networking opportunities for legislators and participants will be provided at noon, with more appointments, OMM demonstrations and blood pressure checks in the afternoon, ending at 3:00 p.m.

Yakima area participants can leave the driving to us. A bus has been chartered to transport PNWU students and any DOs who wish to ride with them. All DOs who participate in this event will have their names placed in a drawing for a free 2014 WOMA Convention Physician Registration Package.

Those who attended in the past appreciated and welcomed the opportunity to meet with their senator and representatives. You can sign up right now by printing out a registration form on WOMA's website at [www.woma.org](http://www.woma.org).

If you are unable to attend, but would like to support this activity, you are encouraged to join Osteopac which provides funding for this event. A registration form is available on page 8. If you have any questions, contact Kathie Itter at 206-937-5358 or [kitter@woma.org](mailto:kitter@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.

## Meeting Notices

### WOF Board

December 7, 2014 2:30 pm  
Doubletree Suites/Southcenter

### WOMA Board of Governors

December 7, 2014, 3:00 p.m.  
Doubletree Suites/Southcenter

## WOMA Welcomes New Members

At its quarterly meeting on September 21, 2013 in Yakima, the WOMA Board of Governors approved the following applications for membership:

#### Active

Stephen Dechter, DO COMP'06  
Gayle Smith, DO COMP'09  
Anthony West, DO COMP'08

#### Post Graduate

Angela Zhang, DO TU-CA'13

#### Student

Brook Ashcroft PMWU'17  
Brian Christensen PNWU'17  
Mary Heady DMU'16

#### Active to Retired

Raymond Kania, DO

## Getting to Know You

WOMA is pleased to welcome the following new Active Members:

**Stephen Dechter, DO** graduated from COMP in 2008. He completed his internship and residency in Physical Medicine and Rehabilitation at Case Western Reserve University/Metro Health Hospital in 2012 and a Pain Medicine Fellowship at UCLA West Los Angeles VA. His practice of Physical Medicine and Rehabilitation and Pain Medicine is in Kennewick.

**Gayle Smith, DO** is a 2009 graduate of COMP. She did her postgraduate training at Central Washington Family Medicine and is in General Practice in Selah.

**Anthony (Tony) West, DO** is a 2008 COMP graduate. His postgraduate training includes a residency in Physical Medicine and Rehabilitation at Rush University Medical Center in 2008-2012 and an NMM plus one residency at Pike Medical Center. He practices PM&R and NMM in Bellevue.



Tom Scandalis, DO, FAOASM

## New Interim Dean has a great First Impression of PNWU

It is a privilege and a distinct honor to serve as the interim dean at PNWU College of Osteopathic Medicine. The faculty, staff, administration, and student body could not have been more gracious and welcoming. It is clear that they have great pride in the medical school and in the university; and the enthusiasm and commitment is palpable. The same can be said of the Yakima community. Its support and dedication to the university and to the mission is inspiring. There is an overwhelming sense that the role that we play in educating the physicians of tomorrow to serve the communities in the Pacific Northwest is truly valued. And I'm delighted to be part of the leadership team at PNWU that will ensure that we achieve our mission.

I look forward to working with President Watson in the coming months to advance the initiatives of the College of Osteopathic Medicine which support and sustain educational quality, promote research and scholarly activities, and embraces community service. I look forward to working with membership of WOMA in a partnership that continues to raise the visibility of the osteopathic profession and recognizes the invaluable contribution that osteopathic physicians make in the lives of the patients and communities we serve.

## CME Credit Posting Delayed

Important message from the AOA on the Continuing Medical Education (CME) credit entry backlog: AOA members deserve the highest quality service and we admit that when it comes to entering your CME credits in a timely fashion we have fallen short. A plan is in place to eliminate the backlog on CME credit entry by Nov 22.

Your AOA staff is committed to meeting the high standards you expect

and pledge to do so on an ongoing basis from this point forward. If you need immediate assistance in the interim, please call (800) 621-1773, ext. 8262, or send an email to [cme@osteopathic.org](mailto:cme@osteopathic.org).

All AOA 1-A credits earned at WOMA-sponsored programs have been submitted to the AOA.

# A Brief Look Back at OMT

*By Don Woods, DO as told to Kathie Itter*

After WOMA's 2013 Fall OMT Seminar at PNWU, I shared a comment from an attendee with one of our instructors, Don Woods, DO. The registrant had graduated from osteopathic medical school in the late 70's and remarked that his school had only taught HVLA back then. His specialty does not traditionally use much, if any, manipulation, but he uses it occasionally on family and friends. After the seminar, the attendee expressed excitement with everything that could be done with the various techniques, exclaiming "This stuff is great!"

After sharing the comment with Dr. Woods, I suggested it would make an interesting newsletter article if we could figure out the year that each was introduced to the profession. This is Dr. Woods' response: "I put the

developments into decades rather than years. It was the late 60s that saw the development of the myofascial release. I was in on that with Herb Miller, John Harakal and Rollin Becker. Becker was a big pusher of the fluid concept of cranial as opposed to the mechanical emphasis of Harold Magoun. Beryl Arbuckle had a bit different approach I really didn't understand.

The 70s brought in muscle energy and the 80s was when Counterstrain spread into more common use. I really don't have a good handle on when these concepts were first introduced, like Dr. Sutherland's first course in 1946, but he had been working on teaching it to some individual folks since 1934.

Fred Mitchell Sr. was talking about Muscle Energy in late 60s, but his son, Fred Jr., might know when he did his

first course. I know some of Jones Counter Strain stuff was being taught in 1972, but don't know when AAO introduced it more generally. I don't think it came up while I was on the board from '71-74. Fascial Distortion Model is somewhat of a rage right now, but really is similar to Roling in many ways. (Roling is a therapy system created by Ida Pauline Rolf in the 1930's.) My Dad had taken one of her courses in '53. Otherwise the other names like Balanced Ligamentous Tension and Balanced Membranous Tension are off shoots of myofascial release or indirect technique. I do recall J. Gordon Zink teaching a form of Balanced Membranous Tension in '61 at an AOA convention in Kansas City. I used it as part of the presentation at the WOMA seminar."

## Favorable Results from Teamwork

Over the past few months, the AOA received concerns from members in the Pacific Northwest about an issue they were having with Regence BlueCross and BlueShield (BCBS), which covers the states of Idaho, Oregon, Utah and Washington. The insurance company began auditing DOs who provided their patients with osteopathic manipulative treatment (OMT) on the same day as evaluation and management services, such as an annual physical. The audits impacted approximately 25% of osteopathic physicians in the states Regence covers.

Regence was concerned that some DOs may have been overbilling for services they provided to patients. To investigate what was happening, the company started to audit the use of Modifier -25, attempting to take back any reimbursements that might have been paid for improperly billed Evaluation and Management services on the same day as OMT. Modifier -25 is used to indicate that on the same day of a procedure or service, the patient required a significant and separately identifiable Evaluation and Management (E/M) service, which is above and beyond the usual pre-

and post-operative care associated with the service or procedure. Many insurers view the over use of Modifier -25 a red flag for improperly billed physician services.

Unfortunately, this is not an uncommon problem. The AOA often hears from members that some insurance companies or representatives think that evaluation and management services are unnecessary when providing OMT, many because they do not distinguish OMT from chiropractic care,—and thus believe that an E/M visit should not be billed separately. For DOs, this lack of understanding from insurers affects their bottom line and their ability to practice the unique skills of osteopathic medicine.

The DOs in these four states, seeking more recognition of the practice of OMT, asked the AOA and the Osteopathic Physicians and Surgeons of Oregon (OPSO) to help rectify the situation. Over the course of three months, AOA and OPSO staff as well as physician leaders met with the Regence medical director to explain how DOs integrate OMT into patient care. We wrote letters and supplied evidence documenting the hands-on care DOs provide to their patients.

In other words, we formed a team with Regence to address this problem, and together we found a solution. After our meetings, the company refunded all of the money they had recouped from our members. What's more, on Oct. 14, the AOA worked with Regence to send a letter to DOs in the four states informing them of their change in stance and providing guidelines for billing OMT and evaluation and management services together to prevent further audits.

This example of teamwork between the AOA, the OPSO and DOs shows what we can accomplish when we work together. It might not be the last time osteopathic physicians will encounter misunderstanding, but the AOA and your state and specialty organizations will be here to assist until it is the last time.

Are you going through a similar issue? Do you have a question for AOA staff experts on billing and coding—or any other practice management topic? Contact the AOA at (800) 621-1773, ext. 8282, or [practicemanagement@osteopathic.org](mailto:practicemanagement@osteopathic.org). You can also access many billing and coding resources in the practice management section of the site.

# Message from DOH

The Department of Health encourages you to support the enrollment of people into health insurance by directing them to this important service. There are two ways people can explore and purchase or sign up for new health plans or Medicaid:

1. On the Web at [www.wahealthplanfinder.org](http://www.wahealthplanfinder.org). Learn what plans may cost for your region and what benefits they cover. You can also create an account to purchase a qualified health plan or enroll in Medicaid for yourself and/or your family members.

2. The Customer Support Network. Get answers about how *Washington Healthplanfinder* works, what types of health coverage are offered, how to access financial help and what you need to know about the enrollment process. Help will be available in up to 175 languages. Call 1-855-WAFINDER (7:30am - 8:00 pm, M-F) or email [customersupport@wahbexchange.org](mailto:customersupport@wahbexchange.org).

There are several additional resources available to the public and Local Health Jurisdiction staff:

## **Washington State Health Care Authority**

For more information on Medicaid Expansion, Medicaid/Apple Health, or Apple Health for Kids, please visit [www.hca.wa.gov](http://www.hca.wa.gov).

## **Washington State Office of the Insurance Commissioner**

Call the Insurance Consumer Hotline at 1-800-562-6900 (8 am -5 pm, M-F) with insurance questions or complaints.

## **Local in-person assistors**

In-person assistors are available to help you. Call 1-855-923-4633. In-person assistors are always free.

As health reform is implemented in Washington State, there will be changes to some Department of Health programs:

**Breast, Cervical and Colon Health program:** We will continue to provide services to eligible clients in 2014 and beyond. While program

eligibility is not changing, who we will screen will change because many of our current clients will enroll in Apple Health for free, comprehensive coverage, or may enroll in subsidized health plans.

**Family Planning/Title X Program:** The state-funded family planning program and the federally funded Title X program will continue through implementation of the Affordable Care Act. You can find a list of publicly funded family planning centers at <http://www.doh.wa.gov/YouandYourFamily/FamilyPlanning/Clinics.aspx>

**HIV Care – Client Services:** Early Intervention (EIP) and Evergreen Health Insurance Program (EHIP) clients who do not have Medicare will most likely need to use *Washington Healthplanfinder* to enroll in health insurance. Clients can direct questions to their case manager at 1-877-376-9316.

## AACOM Awards PNWU Dean Highest Honor

Each year the Assembly of Presidents from the American Association of Colleges of Osteopathic Medicine (AACOM) recognizes an individual who "has made significant contribution to the advancement or support of osteopathic medical education, and gone above and beyond the call of duty in this regard."

Thomas Scandalis, DO, FAOASM, has been selected as the 2013 recipient of this award. Pacific Northwest University of Health Sciences is pleased to announce this prestigious accomplishment and delighted Dr. Scandalis has agreed to serve as interim dean for PNWU College of Osteopathic Medicine.

Dr. Scandalis is the immediate past dean of the **New York College of Osteopathic Medicine** and board certified in both family medicine and sports medicine. He is a fellow in the American Osteopathic Academy of Sports Medicine and has completed graduate scholarship in physical education with a concentration in exercise physiology. Noteworthy commitments to the osteopathic profession include an AOA health

policy fellowship, numerous funded grants, publications and abstracts. In addition, he has served as a peer-reviewer and editorial member for the *Clinical Journal of Sports Medicine*.

This significant accolade is named in memory of osteopathic educator and innovator, Dale Dodson, DO. AACOM President Stephen Shannon, DO presented the award to Dr. Scandalis at the American Osteopathic Association Convention on October 3, 2013 in Las Vegas, Nevada.

"I'm humbled to receive this prestigious award, and join a list of past recipients who have made significant contributions to osteopathic medical education," Scandalis commented as he accepted the award. "I'm also honored to join the leadership team at Pacific Northwest University, and I look forward to collaborating with the dedicated faculty and staff of the College of Osteopathic Medicine in providing our students with the highest quality medical education."

PNWU President Keith Watson, DO shared his thoughts, stating, "This award highlights the esteem Dr.

Scandalis garners from Presidents and Deans of Colleges of Osteopathic Medicine across the nation. We are especially proud to have him lead PNWU-COM in the coming months."

PNWU is a member of the American Association of Colleges of Osteopathic Medicine (AACOM) which represents the nation's 30 colleges of osteopathic medicine at 38 locations in 28 states. Today, more than 21,000 students are enrolled in osteopathic medical schools. One in five U.S. medical students is training to become an osteopathic physician. PNWU is committed to educating future doctors in the Pacific Northwest and focuses on bridging the existing gaps in rural health care.

## **Exhibitors Sought**

A limited number of exhibit tables will be available for WOMA's Spring Seminar on Saturday, March 22 2014 in Seattle. Preference will be given to pain management-related products and services. Please refer interested representatives to Kathie Kitter, 206-937-5358 or [kitter@woma.org](mailto:kitter@woma.org).

# New Safety Measures Announced for ER/LA Opioids

*New boxed warning to include neonatal opioid withdrawal syndrome*

In a recent press release, the U.S. Food and Drug Administration announced class-wide safety labeling changes and new postmarket study requirements for all extended-release and long-acting (ER/LA) opioid analgesics intended to treat pain.

"The FDA is invoking its authority to require safety labeling changes and postmarket studies to combat the crisis of misuse, abuse, addiction, overdose, and death from these potent drugs that have harmed too many patients and devastated too many families and communities," said FDA Commissioner Margaret A. Hamburg, M.D. "Today's action demonstrates the FDA's resolve to reduce the serious risks of long-acting and extended release opioids while still seeking to preserve appropriate access for those patients who rely on these medications to manage their pain."

Given the serious risks of using ER/LA opioids, the class-wide labeling changes, when final, will include important new language to help health care professionals tailor their prescribing decisions based on a patient's individual needs.

The updated indication states that ER/LA opioids are indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate.

The updated indication further clarifies that, because of the risks of addiction, abuse, and misuse, even at recommended doses, and because of the greater risks of overdose and death, these drugs should be reserved for use in patients for whom alternative treatment options (e.g., non-opioid analgesics or immediate-

release opioids) are ineffective, not tolerated, or would be otherwise inadequate to provide sufficient management of pain; ER/LA opioid analgesics are not indicated for as-needed pain relief.

"The FDA's primary tool for informing prescribers about the approved uses of medications is the product labeling," said Douglas Throckmorton, M.D., deputy director for regulatory programs in the FDA's Center for Drug Evaluation and Research. "These labeling changes describe more clearly the risks and safety concerns associated with ER/LA opioids and will encourage better, more appropriate, prescribing, monitoring and patient counseling practices involving these drugs."

Recognizing that more information is needed to assess the serious risks associated with long-term use of ER/LA opioids, the FDA is requiring the drug companies that make these products to conduct further studies and clinical trials. The goals of these postmarket requirements are to further assess the known serious risks of misuse, abuse, increased sensitivity to pain (hyperalgesia), addiction, overdose, and death.

The FDA is also requiring a new boxed warning on ER/LA opioid analgesics to caution that chronic maternal use of these products during pregnancy can result in neonatal opioid withdrawal syndrome (NOWS), which may be life-threatening and require management according to protocols developed by neonatology experts. NOWS can occur in a newborn exposed to opioid drugs while in the mother's womb. Symptoms may include poor feeding, rapid

breathing, trembling, and excessive or high-pitched crying.

In addition, the FDA is notifying ER/LA opioid analgesic application holders of the need for changes to the following sections of drug labeling: Dosage and Administration; Warnings and Precautions; Drug Interactions; Use in Specific Populations; Patient Counseling Information, and the Medication Guide.

Once the safety labeling changes are finalized, modifications will also be made to the ER/LA Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS), to reflect the updated information. Originally approved in 2012, the ER/LA Opioid Analgesics REMS requires companies to make available to health care professionals educational programs on how to safely prescribe ER/LA opioid analgesics and to provide Medication Guides and patient counseling documents containing information on the safe use, storage, and disposal of ER/LA opioids.

In addition to the safety labeling changes and postmarket study requirements, the FDA has issued responses to two related citizen petitions.

"The FDA remains committed to improving the safety of opioids and to continuing to engage in efforts to evaluate and mitigate the risks associated with opioid use," said Dr. Throckmorton. "Today's safety labeling changes reflect the FDA's current understanding of the risks and benefits of these products. The FDA will evaluate the results of the postmarket studies, continue to monitor relevant safety data, and take further safety action, as warranted."

## Allowable Copy Fees Increased

The Washington State Department of Health (department) has officially adopted the updated rule on allowable fees health care providers may charge for searching and duplicating health care records under WAC 246-08-400. The rule was filed with the Code

Reviser's Office on July 1, 2013 (WSR #13-14-092). The updated rule language is attached.

The updated fees are as follows:

1) No more than \$1.09 per page for the first 30 pages

2) No more than .82 per page for all additional pages

3) A \$24 clerical fee may be charged for searching and handling records

If you edit confidential information, you may charge a basic office visit fee.

# DOH Draft Sunrise Report Does Not Support Proposed Chiropractic Scope of Practice Expansion

On May 23, 2013, Representative Cody, Chair of the House Health Care and Wellness Committee, asked the department to conduct a sunrise review of House Bill (HB) 1573 from the 2013 legislative session. This proposal amends the chiropractic statutes against discrimination by stating that "Licensed chiropractors must be allowed to perform sports physicals for student athletes and physical examinations required for commercial driver's licenses." In its draft report, the Washington State Department of Health has determined that the sunrise criteria have not been met in the three versions of the proposal submitted because:

1. **The department does not support adoption of HB 1573.** HB 1573 does not amend the definitions of chiropractic or chiropractic treatment or care in RCW 18.25.005. Sports physicals for student athletes and physical examinations required for a commercial driver's license are clearly not within the current scope of practice for chiropractors in Washington.

2. **The department does not support the proposal submitted with the applicant report from the WSCA in July, which included a proposal to add additional educational requirements for chiropractors to perform physical examinations of student athletes and commercial drivers.** The applicant report also does not propose to amend the definitions of chiropractic or chiropractic treatment or care in RCW 18.25.005. The applicant's proposal should not be enacted, even with the additional training they intend to include in amendment language, because it still fails to amend RCW 18.25.005 to add the elements of a comprehensive physical examination to the chiropractic scope of practice.

3. **The department does not support expanding the chiropractic scope of practice to**

**include PPEs for student athletes and commercial driver's license physicals (CMV exams).** Since the department believes these physicals are outside the chiropractic scope of practice, we reviewed whether changing the definitions in RCW 18.25.005 to expand the scope would meet the sunrise criteria. The department found risk of patient harm if PPEs and CMV exams are added to the chiropractic scope of practice. Specifically:

- Addition of PPEs and CMV exams would expand the chiropractic scope of practice well outside of their current scope of diagnosing and treating conditions relating to the musculoskeletal system.

- The chiropractic scope of practice does not contain prescriptive authority, nor do the educational programs include a focus on pharmacology, which is necessary in both types of physical examinations.

- Although chiropractic training includes basic understanding of body and organ systems, including the cardiovascular system, the department is unable to find that it prepares chiropractors to potentially be the sole evaluators of all or most medical conditions.

- The DACBSP specialty certification training's primary focus also appears to be on spinal and extremity manipulation, exercise physiology, and sports-specific biomechanics.

- Examining a patient to evaluate his or her overall health is the job of a primary care provider who can use his or her broad spectrum of training, clinical residency, and experience to conduct the evaluations, and whose daily practice includes functions of primary care.

- PPEs and CMV exams are not merely "screenings." They are intended to be comprehensive physical examinations, and are sometimes the only examination the person receives regularly.

- If the scope of practice is expanded for these types of examinations, it could open the door to expanding it for all physical examinations.

The Washington Osteopathic Medical Association provided written testimony against the chiropractic scope expansion. For the complete report go to <http://www.doh.wa.gov/Portals/1/Documents/2000/ChiroDraft.pdf>

Once the report is complete it will be presented to the State Legislature.

## WOMA Coming Events

**2013 Strategic Planning Session**  
December 7, 2013  
8:30 a.m. to 2:30 p.m.  
Rosemary Lukens, Facilitator  
Doubletree Guest Suites  
Southcenter

**DO Day in Olympia**  
Friday, January 24, 2014  
Legislative Building  
Olympia

**Coding Update 2014**  
Friday, January 17, 2014  
Janneen Lambert, CPC, CPC-H  
DoubleTree Guest Suites.  
Southcenter

**ICD-10-CM Condensed:  
The Basics**  
Friday, March 21, 2014  
Janneen Lambert, CPC, CPC-H  
Doubletree Guest Suites,  
Southcenter

**Pain Management: Risks and  
Resources**  
Saturday March 22  
Doubletree Guest Suites,  
Southcenter  
Marc Cote, DO, Program Chair

**101st Annual NW Osteopathic  
Convention**  
June 19-22  
Skamania Lodge  
Stevenson



# Bear Droppings... ..

by Loren H. Rex, D.O.

After an encouraging call from the boss, Kathie Itter, suggesting I should seriously consider gracing her desk with a Bear Dropping column I decided to comply and write about living conditions in one of the abodes that Sharelle and I called home for a part of our college days. Frankly, I don't know how anyone contemplates borrowing enough money to make it through school today. I suppose it was easier in the 60's to acquire the necessary bucks to survive. I pretty much did everything short of knocking over 7-11's to make a few bucks. For a couple of years of college I managed the student union and worked an average of 140 hours a month. If 160 hours a month is full time you don't have to be a polymath to figure I wasn't long on spare time. A man gotta do what a man gotta do.

Although I am not from Yakima, so I am not sure what low cost or sub-standard housing would be like, but judging from some of the applications to WOF for student loans, the concept of living in sub-standard housing never occurs to them. However, in the day, if you were married, there were these things called trailer houses. Not manufactured houses, trailer houses. Vile things that were on the cutting edge of the concept of insulation in walls during a Missouri Winter might not be a bad idea but implementation of the concept hadn't happened yet. They were, however, relatively inexpensive and came with wheels so you could move them if necessary. However, I did learn from trailers that there was not a snowball's chance in Hell I would be growing old in Missouri, at least not in a trailer.

While I do somewhat agree with the parable "Never look a gift horse in the mouth", it would be good to remember that sometimes a horse is too old to work but it can still eat.

Our prize was a genuine Nashua "mobile home" and was a whopping

nineteen feet by eight feet and contained all the necessities of life. Actually it had the various things required for survival. However, survival of a northern Missouri winter was at best debatable. Said trailer was a loan from the D.O. in my home town who was of great help in getting us through the long journey of college and Osteopathic Medical School. We did many jobs for him and some of those would be worthy of a column. "Doc" told us if we could use the trailer we were welcome to it so we proceeded to haul our prize from its storage place in the middle of a field to the field north of the house at Sharelle's parent's farm. The project wasn't too big since it was more or less "road worthy" and I was very familiar with pulling a trailer from my Circus experience. By taking the farm roads, we made it the hundred or so miles without an accident or running into the police.

Since we were in college about ten miles from the farm, we figured we could go back and forth to work on our future abode. The first trip to do some work resulted in our learning we were not alone. Approximately 1,000,000 angry bees had moved in while we were gone. Not quiet, friendly, willing to share bees, these were very territorial and in no mood to give up their home. My father could work bees without getting stung but my approach leaned toward all the insecticide I could find. Let's hear it for "living better chemically". Today I might react differently. However this was about fifty years ago and we were less "green". We were on the way to having a home at last. Since the remaining areas of color appeared to be blue, blue it was and things were looking up for a time when we had saved enough to go back to school.

The blue beast did have a bathroom but it was somewhat tricky to use. The room was far too small to turn around in so you quickly learned that

sometimes it was easier to back in to use the facilities. While it did have a shower, it was necessary to sit on the stool, hold the door open with one hand and shower with the other hand. Use of the bathroom was somewhat tricky to accomplish but entirely possible. Since there was a nice curved area in the "living room" I built it in so it was roughly a place to sit on each side of a record player that rolled in and out of the seats and provided the latest in recorded music. All that remained now was to decide on a color scheme for the built in wonder. I sent her to the hardware store to get some contact paper to cover the wood. My thinking it would look better on the raw wood than paint. I opened the package and it was, I kid you not, black and white faux marble. She said that they had made her a good deal and no doubt got rid of some stock that was decades old. The resulting completed job looked like we had a mausoleum complete with a rolling drawer to hold the remains of the dearly departed. It was truly a conversation starter and never did anyone fail to grasp the uniqueness they were beholding.

I'm not saying all students should live in a trailer in school but it was a Hell of a character builder and provided a great opportunity to learn to suppress homicidal thoughts and tendencies. All in all, the blue beast was ready for occupancy by humans. Stay tuned and next time we will explore some of the exciting adventures of living in a vintage 1949 trailer in a Missouri winter. I can assure you it was an adventure that I am glad is over.

Bear

# OSTEOPAC

Washington Osteopathic Physicians and Surgeons  
Political Action Committee

## 2013 Membership Registration

(\*Information required by State campaign finance laws and must be provided with contribution)

Date \_\_\_\_\_

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Retired      \_\_\_\_\_ Self Employed

\*Employer (if other than self) \_\_\_\_\_

\*Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Occupation \_\_\_\_\_

Legislative District # \_\_\_\_\_ Congressional District # \_\_\_\_\_

- \_\_\_\_\_ \$ 25.00

\_\_\_\_\_ \$ 200.00

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\*Information required by Public Disclosure Commission

# Prescription Monitoring Program – Promoting Patient Safety

by Chris Baumgartner, Washington State Department of Health

“This program has changed my practice. No single thing in the last 10 years has had such a positive impact on my practice and my patients as this program, so thank you!” These words from a Washington State emergency room physician are typical of the feedback we’ve received about a relatively new program called the Prescription Monitoring Program (PMP).

Another physician told us: “I believe this program has literally saved the lives of several of my patients. I have been floored by the number of narcotics that dozens of teenage girls have been obtaining (1,500 to 2,000 pills in six months). I have now been able to have meaningful interventions with them and their families.”

The department has established several prevention initiatives including the Prescription Monitoring Program. A main reason was to help combat drug overdose deaths due mostly to the misuse or abuse of prescription drugs, the leading cause of accidental deaths here in Washington State.

The program collects information on the purchases of pain medications and other potentially dangerous medicines. The information comes from pharmacies and health care providers. It is then used to help improve patient safety and reduce prescription drug misuse.

Actual data collection began in October 2011, and health care providers started requesting information in January 2012. By the end of June 2013, more than 9,000 prescribers and 2,900 pharmacists were using the program, which averages more than 900,000 records per month. It now holds more than 22.8 million prescription records. So far, pharmacists, prescribers, and prescriber delegates have made more than 700,000 patient history requests.

In 2012, more than 2.3 million Washingtonians filled at least one prescription for a controlled substance. Hydrocodone/Acetaminophen (the generic form of Vicodin, a pain reliever) is the most dispensed controlled substance and makes up roughly 25 percent of all the prescriptions we collect. There were more than 156 million pills dispensed for this drug in 2012, enough for each person in the state to receive 23 pills.

## Who Can Access Data

The law allows health care providers, patients, and others to view the prescription records for certain reasons. Prescribers and pharmacists can use the data to intervene with patients earlier. They can also identify dangerous drug interactions, address issues of misuse, and recognize under-managed pain or the need for substance abuse treatment. Health professional licensing boards and law enforcement can view the records based on authorized investigations.

## What the Future Holds

The department is pleased with the success the program so far. With additional grant funding recently received, there are plans for several improvements. We plan to share data on patients filling prescriptions across borders, to connect with our health information exchange to provide more seamless access for providers, and make other improvements.

A third physician shared with us: “I really am grateful to have the PMP active. It is absolutely essential for any pain management practice and essential for any physician prescribing controlled substances”.

You can find more information on the program, also known as Prescription Review, online ([www.doh.wa.gov/PMP](http://www.doh.wa.gov/PMP)). Contact program director Chris Baumgartner, 360-236-4806, for more information.

## Prescription Review (PMP) Facts

Currently 49 states have laws that authorize the establishment and operation of a PMP. Forty-three of these states’ programs are up and running. Find more information on these programs on the PDMP Training and Technical Assistance Center’s website: [www.pdmpassist.org](http://www.pdmpassist.org).

Physicians, pharmacists, dentists, physician assistants, nurse practitioners, and other licensed clinicians and professionals authorized by the Washington State Department of Health can access the information on the website.

Information collected includes:

- Patient name, address, and date of birth
- Prescriber and dispenser information
- Drug name and dosage, and the prescribing and dispensing dates.

Prescription Review collects data on Schedules II, III, IV, and V controlled substances. You can find a list of these medications and more information at: <http://apps.leg.wa.gov/RCW/default.aspx?cite=69.50>.

Prescription Review’s public health goals are to:

### Increase:

- Quality of patient care
- Confidence when prescribing/dispensing
- Efficiency and coordination of medical care

### Decrease:

- Drug misuse
- Hospitalizations and deaths
- Taxpayer costs
- Drug related crimes

On our website ([www.wapmp.org](http://www.wapmp.org)) is the Dispenser factsheet, frequently asked questions (FAQ) sheets by profession and a “Quick Tips” for how to log in and register.

# Medicare Participation Options

Physicians electing to change their status from PAR to Non-PAR or vice versa are required to do so on or before December 31, 2013. To become a private contractor, a physician must give 30 days' notice before the first day of the quarter the contract takes effect.

There are three Medicare contractual options for physicians to choose from for CY 2014. The details of each are included below.

## Medicare Participating Physician

Physicians may sign a participation (PAR) agreement and accept Medicare's allowed charge as payment in full for all of their Medicare patients. Participating physicians agree to accept assignment on all Medicare claims, which means that they must accept Medicare's approved amount — the 80 percent that Medicare pays plus the 20 percent patient copayment — as payment in full for all covered services for the duration of the calendar year. The patient or the patient's secondary insurer is still responsible for the 20 percent copayment, but the physician cannot bill the patient for amounts in excess of the Medicare allowance. While participating physicians must accept assignment on all Medicare claims, Medicare participation agreements do not require physicians to accept every Medicare patient who seeks treatment from them or their practice.

## Medicare Non-Participating Physician

Physicians may elect to be a non-participating (Non-PAR) physician, which permits them to make assignment decisions on a case-by-case basis and to bill patients for more than the Medicare allowance for unassigned claims. Non-participating physicians agree to accept 95 percent of the Medicare approved amounts for services provided. Non-participating physicians may charge more than the Medicare approved amount, but are limited to 115 percent of the Medicare approved amount for non-participating physicians. Since approved amounts for non-

participating physicians are 95 percent of the rates for participating physicians, the 115 percent limiting charge is effectively 9.25 percent above the participating approved amount for services provided. Given the projected 24.4 percent cut in Medicare physician payments, many physicians may consider balance billing an extra 9 percent as one means of helping close the payment gap.

## Private Contracting

A physician may become a private contracting physician, agreeing to bill patients directly and forego any payments from Medicare, including reimbursement to their patients of amounts paid directly for the physician's services. Provisions in the Balanced Budget Act of 1997 afford physicians and their Medicare patients the freedom to contract privately for health care services outside the Medicare program. However, private contracting decisions may not be made on a patient-by-patient basis. That is, the physician must decide almost across-the-board to not participate in Medicare. Thus, to become a "private contracting physician," a physician must first opt-out of the Medicare program. **Once a physician has opted out of Medicare, they cannot submit claims to Medicare for services provided to any Medicare patients for a two-year period.** To contract privately with a Medicare beneficiary, a physician must enter into a private contract that meets certain specific requirements. The physician must also file an affidavit that meets certain requirements. Once these are submitted, there is a 90-day period after the effective date of the first opt-out affidavit during which physicians has the right to revoke the opt-out and return to Medicare as if they had never opted out of the Medicare program.

Significantly, even after physicians establish private contracting status, their patients may still receive some Medicare benefits. A physician who has not been excluded under Sections 1128, 1156

or 1892 of the Social Security Act (SSA) may order, certify the need for, or refer a beneficiary for Medicare covered items and services, provided the physician is not paid, directly or indirectly, for such services (except for emergency and urgent care services). For example, if a physician who has opted out of Medicare refers a beneficiary for medically necessary services, such as laboratory, DMEPOS, or inpatient hospitalization, those services would be covered by Medicare.

Additionally, physicians who have opted-out of Medicare under the Medicare private contract provisions may furnish emergency care services or urgent care services to a Medicare beneficiary with whom the physician has previously entered into a private contract so long as the physician and beneficiary entered into the private contract before the onset of the emergency medical condition or urgent medical condition. These services would be furnished under the terms of the private contract.

Physicians who have opted-out of Medicare under the Medicare private contract provisions may continue to furnish emergency or urgent care services to a Medicare beneficiary with whom the physician has not previously entered into a private contract, provided the physician submits a claim to Medicare in accordance with both 42 C.F.R. part 424 (relating to conditions for Medicare payment) and Medicare instructions (including but not limited to complying with proper coding of emergency or urgent care services furnished by physicians and practitioners who have opted-out of Medicare) and collects no more than the Medicare limiting charge, in the case of a physician (or the deductible and coinsurance, in the case of a practitioner). A physician who has been excluded from Medicare must comply with Medicare regulations relating to scope and effect of the exclusion (42 C.F.R. § 1001.1901) when the physician furnishes emergency services to beneficiaries, and the physician may not bill and be paid for urgent care services.

## Dr. Madson Selected to Lead New DO School in San Antonio

**San Antonio** – The University of the Incarnate Word (UIW) is proud to announce the selection of the Founding Dean of its School of Osteopathic Medicine, Robyn Phillips-Madson, DO, MPH. Most recently, Madson has been the Dean and Chief Academic Officer at the Pacific Northwest University of Health Sciences College of Osteopathic Medicine in Yakima, WA where she had previously taught and served as Chair of the Department of Clinical Medicine and Assistant Dean of Clinical Sciences.

Madson has a B.S. in Pharmacy from the University of Washington, Seattle, and received her D.O. degree from Michigan State University, Lansing, MI. She is Board Certified in Family Practice and most recently completed a Masters in Public Health at Nova Southeastern University, FL. She completed the Health Policy Fellowship Certificate program with the American Osteopathic Association in 2006.

In addition to her extensive academic experience, Madson has been a hospital Pharmacist, practiced as a solo Family Physician in Seattle Wash, and been the Medical Director of the Lake Forest Park Medical Clinic in Seattle. She was the recipient of the 2007 Northwest Osteopathic Medical Foundation Founder's Award in recognition of her professional and personal commitment to osteopathic



*Robyn Phillips-Madson, DO*

medicine and to quality-of-life health care for the people of Guatemala. She was the Washington Osteopathic Medical Association 2007 Physician of the Year.

The foundation of all of her medical accomplishments is a warm and caring personality that impressed all who met her at the University of the Incarnate Word.

"Our loss is Texas' gain" stated Washington Osteopathic Medical Association Executive Director Kathie Itter. "Dr. Madson has been a valuable member in our organization and I know I am one of many who will miss her participation."

## EHR Webinars Available

The Centers for Medicare and Medicaid Services, American Osteopathic Association of Medical Informatics and the American Osteopathic Association are collaborating to help physicians implement electronic health records (EHRs) by presenting a monthly webinar series on EHRs. **All webinars take place on Wednesdays at 1 p.m. Central Standard Time.** Learn more.

### 2013

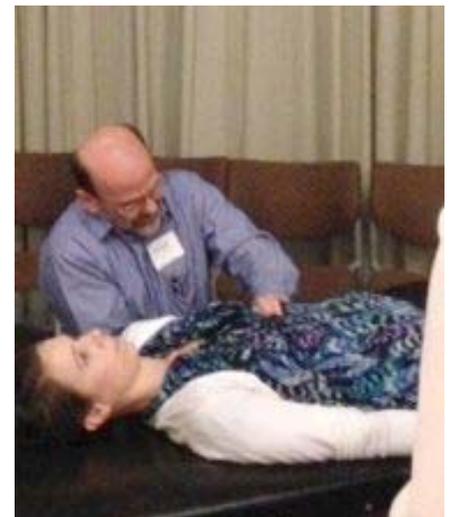
- **Nov 20** – Medicare and Medicaid EHR Incentive Programs: Stage 2, Payment Adjustments, and Audits. Register now.
- **Dec 11** – Medicare EHR Incentive Program: How to Successfully Participate. Register now.

### 2014

- **Jan 15** – ICD-10 Compliance Deadline: Steps Your Practice Should Take to Prepare. Register now.
- **Mar 19** – Quality Measurement 101: What Providers Need to Know about CMS Quality Programs. Register now.
- **Apr 16** – What is the Direct Project? Register now.
- **May 21** – Administrative Simplification and eHealth: What Providers Need to Know. Register now.



**Premed Forum**  
Right: Student panel members Wes Jones, Patricia Egwautu, Sukhi Randhawa and Elaine Joy Domingo share their application experiences.  
Left: Richard Koss, DO demonstrates OMT for premed students at the November 9 forum.. (see article on page 1)



## Premed Forum Provides Better Understanding of Osteopathic Medicine



## Leadership Opportunities

All WOMA members are invited to register for and attend WOMA's Strategic Planning Meeting on Saturday, December 7 at the Doubletree Guest Suites/Southcenter.

This is an opportunity for members to have a say in the future and advocacy of the osteopathic profession in Washington State. Participants will use the results of the survey sent to members on November 1<sup>st</sup> to help prioritize where WOMA should spend its resources to best benefit its members and the osteopathic profession.

Space is limited. The registration form is available at [www.woma.org](http://www.woma.org) and must be submitted by November 15. The fee is \$65, to cover the cost of breakfast and lunch.

WOMA has openings for Trustees in Districts 1 and 2, CME and Public Affairs Committees. Please contact Kathie Itter at [kitter@woma.org](mailto:kitter@woma.org) if you are interested or need more information.

(See Article page 1)

*Upper left - David Escobar, DO (left) explains to premed students how osteopathic manipulative medicine is used to diagnose and treat many types of musculoskeletal problems causing pain and dysfunction.*

*Center - Premed students observe Steven Leifheit, DO demonstrating how different modalities can be used to help heal dysfunction and relieve pain.*

*Lower left - Moderator Scott Fannin, DO (right), leads a panel of DOs sharing why they chose osteopathic medicine and the opportunities available to osteopathic physicians. From left, Kathryn Norris, DO, Peter Grimm, DO, Marc Cote, DO, Dan Wolf, DO, Dan Brzusek, DO and Suzanne Laurel, DO.*