

## Convention and Annual Meeting in June

The 98<sup>th</sup> Annual Northwest Osteopathic Convention is scheduled for June 23-26 at the Semiahmoo Hotel and Conference Center in Blaine.

CME Committee Members Drs. **Harold Agner, Ruth Bishop, Paul Emmans, III, Robyn Phillips-Madson, Michael Scott, Lynda Williamson** and **Dan Wolf** utilized last year's CME program evaluations and needs assessment surveys as well as current trends and journal articles to develop the program, 2011 Primary Care Update.

The seminar begins Thursday afternoon with two presentations on Obesity and Diabetes by **J Ross Tanner DO**. PNWU faculty member **Kristin Allott, ND** will provide a talk on Nutritional and Complementary Treatment for Mental Health Disorders, followed by **Marc Cote, DO's** presentation on Long Term Metabolic Complications of Gastric Bypass Surgery. Thursday ends with a presentation from **Fred Viren, MD** on Osteoporosis, Calcium and Vitamin D in Clinical Practice, followed by a reception for exhibitors and physicians.

Friday morning is devoted to Pain Management with two hours on Pain, Dependence and Universal Precautions by **Douglas Gourlay, MD** and two hours on the Legal Side of Pain by

**Jennifer Bolen, JD**. After lunch, **Byron Perkins, DO** will provide an afternoon introducing the Fascial Distortion Model with lecture and lab time.

Saturday morning **Ken Greenberg, DO, PhD** will provide an Adult Immunizations Update and Infectious Disease Case Studies. **Greg Loewen, DO** will then cover Community Acquired Pneumonia, followed by Tuberculosis and Mycobacterial Infections. AOA President **Karen Nichols, DO** will provide an AOA Update at Lunch.

Saturday will be devoted to the non-clinical breakout sessions. **Lori Marceaux** of NPN will cover Considerations Before Starting a Solo Practice and Contracts for the Solo Practice. **Janneen Lambert** will return with a session on Documentation – How to Survive an Audit and **Anita Showalter, DO** will provide the information you need to Precepting in a Busy Practice. The day ends with an awards dinner and fundraising auction to benefit the Washington Osteopathic Foundation.

On Sunday morning **Hank Williams, MD** will provide a Dementia Overview and Advances in Alzheimer's Treatment. **Annette Wundes, MD** will cover Advances in the Treatment of Multiple Sclerosis and **Patrick Hogan, DO** will

talk about Degenerative Movement Disorders. The convention ends with a fantastic brunch and an Osteopathic Training Update by PNWU Dean **Robyn Phillips-Madson, DO**.

Brochures have been mailed and emailed and are available on WOMA's website [www.woma.org](http://www.woma.org). A registration discount fee is available until **May 27<sup>th</sup>**. That is also the day that Semiahmoo will release WOMA's room block of special hotel rates.

## Governor Appoints New Board Member



*Shannon Markegard, DO*

The office of Governor Christine Gregoire recently announced the appointment of **Shannon Markegard, DO** to the Board of Osteopathic Medicine and Surgery. She will be replacing **Tom Shelton, DO** who is completing his second term on the board.

Dr. Markegard is a 1998 graduate of the Western U – COMP. She completed a family medicine residency at the University of California, Davis Mercy Medical Center in Redding, CA in 2001 and practiced in Redding until 2005 when she moved to Washington. She is currently at Lake Sawyer Primary Care in Maple Valley.

Her professional interests include women's health, pediatrics, dermatology and preventive medicine.

Congratulations to Dr. Markegard and thank you to Dr. Shelton for his many years of service.

Notice of Meetings  
 Washington Osteopathic Foundation Board  
 Thursday, June 22, 6:30 p.m.

WOMA Board of Governors Dinner  
 Wednesday, June 22, 7:00 p.m.

WOMA Annual Membership Meeting  
 Friday, June 24, 12:30 p.m.

All meetings take place at the Semiahmoo Hotel and Conference Center  
 9565 Semiahmoo Parkway Blaine, WA



5220 California Ave SW, Suite B  
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Seattle, WA 98116  
(206) 937-5358  
Fax (206) 933-6529  
www.woma.org

#### WOMA Executive Committee

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Vice President  
Marc Cote, DO  
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President  
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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.

## Grantors Appreciated

WOMA is grateful to the Northwest Osteopathic Medical Foundation and Purdue Pharma for providing medical education grants in support of the 98<sup>th</sup> Annual Northwest Osteopathic Convention. If the opportunity presents itself, please convey appreciation for their support.

## WOMA Welcomes New Members

WOMA is pleased to announce approval of the following member applicants:

### Active

Robert Coleman, DO PCOM'75  
Jeanne Crump, DO OUCOM'99  
Bryce Gilman, DODMU'02  
Rudy Linterman, DOLECOM'05  
Joanne Mayhew, DO CCOM'94  
Luis Murrain, Jr, DO MSU'01  
Robert Niedbalski, DO  
MSUCOM'83

### Postgraduate

Stephen Ou, DO NSUCOM'04

### Student

Kristin Parker COMP'11  
Annie Tuong GA-PCOM'12

### Allied

Ann O Padilla, DNP

## New WOMA Member Benefit

Medical Protective (MedPro) is pleased to announce that it has earned the official endorsement of WOMA for their medical malpractice insurance product. MedPro is rolling out its new insurance program offered to active members of WOMA, which will include a 5% premium credit on their medical malpractice insurance policy. This credit will be applied to all eligible individual physician policies effective on and after July 1, 2011.

MedPro, a proud member of Warren Buffett's Berkshire Hathaway, is the

only healthcare professional liability insurance company to protect healthcare providers for the past 112 years. MedPro's unmatched defense and financial stability (the industry's highest rating — A++ from A.M. Best) allow its policyholders the comfort of knowing their professional reputation and assets will be protected for the long haul.

To learn more, please visit Medical Protective at [www.medpro.com](http://www.medpro.com) or contact Bill Gritzbaugh, Northwest Sales Manager, at 800-463-3776 x3743.

## Getting to Know You

WOMA is please to welcome the following new active members:

**Robert Coleman, DO** graduated from PCOM in 1975 and completed his rotating internship and radiology residency at Botsford General Hospital, a Nuclear Medicine residency at William Beaumont Hospital and a fellowship in Special Procedures – Computed Tomography - Ultrasound at Wayne State University Affiliated Hospitals. He is a staff radiologist at Sunnyside Community Hospital.

**Jeanne Crump, DO** is a 1999 graduate of OUCOM. She completed a rotating internships and family medicine residency at O'Bleness Memorial Hospital and was Chief Resident in 2001. She is currently employed as Director of Medical Education, Skagit Valley Hospital in Mt. Vernon where she is responsible for the organization and administration of Skagit Valley Hospital's graduate medical education, including resident clinics.

**Bryce Gilman, DO** graduated from DMUCOM in 2002 and completed a family medicine residency at St. Anthony's Hospital, Denver. He has joined the practice of his father, David Gilman, DO and Nick Curalli, DO in Spokane.

**Rudy Linterman, DO** is a Wenatchee native and 2005 graduate of LECOM. He completed both his

internship and anesthesia residency at Kettering Medical Network Grandview Hospital in Ohio. He is employed by Wenatchee Anesthesia Associates, providing anesthesia for all general procedures and holds a specialization in regional and cardiac anesthesia.

**Joanne Mayhew, DO** graduated from CCOM in 1994 and completed her postgraduate training at Brighton Medical Center. She practices family medicine in Olympia.

**Luis Murrain, Jr. DO** is a 2001 graduate of MSUCOM. He completed a rotating internship at Genesys Regional Medical Center, MI in 2002, an OG/Gyn residency at Summa Health System/Akron City Hospital in 2006 and a fellowship in Reproductive Genetics at Montefiore Medical Center, Bronx, NY in 2008. He is a Diplomate of the American Board of Obstetrics and Gynecology. He is in the practice of Reproductive Genetics and Infertility at Gyft Clinic in Tacoma.

**Robert Niedbalski, DO** graduated from MSUCOM in 1983 and interned at Detroit Osteopathic Bi-County Community Hospitals. His General Surgery residency was completed at Pontiac General Hospital, MI. He currently practices hair transplantation and is owner/medical director of Northwest Hair Restoration and Laser Hair and Skin Center of Tacoma.

# Bylaws Amendment Proposed

The following bylaws amendment was approved for recommendation by the Board of Governors on September 11, 2010 to the general membership at the 2011 annual meeting.

## **Article VII - Executive Committee, Board of Governors, Departments and Delegates**

Section 2: Board of Governors. The Board of Governors shall be the President, Immediate Past-President, President-Elect, Vice-President, Secretary, Treasurer, Chairman of the Department of Public Affairs, the Trustees of the five districts, a student representative of the Pacific Northwest University of Health Sciences College of Osteopathic Medicine and a representative of the institutional members. ~~elects by and from their administrators. In the absence of such elected representative, another administrator may be designated to be authorized to vote in his or her place.~~ Each member of the Board of Governors shall have one vote in the transaction of business of the Board of Governors. Under no circumstance shall a member have more than one vote in the transaction of business of the Board of Governors.

Section 6: Chairman of the Department of Public Affairs. The Chairman of the Department of Public Affairs shall be elected annually by majority vote of the Board of Governors at the first board meeting after the annual meeting.

Section 7: Student Representative. The Student Representative to the Board of Governors shall be a student member of WOMA who is a member of the student government of the Pacific Northwest University of Health Sciences College of Osteopathic Medicine. The student body shall select a nominee deemed appropriate by the Dean to be placed on the ballot at the WOMA Annual Meeting.

Section 8: Institutional Representative. The institutional members may each provide the name of one administrator or designee to be placed on the ballot at the annual meeting.

Renumber all consecutive sections following Section 8.

## 2012 Nominees Announced

The following list of nominees for WOMA officers and Trustees and AOA Delegates has been proposed by the WOMA nominating Committee chaired by Dan Wolf, DO. Elections will take place on Friday, June 24, 2011 at the WOMA Annual Meeting at 12:30 p.m. at the Semiahmoo Hotel and Conference Center in Blaine.

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

### **Executive Committee**

Term 1/1/2012 - 12/31/2012

President-elect

**Marc Cote, DO**

Vice President

**Scott Fannin, DO**

Secretary

**Mark Hunt, DO**

Treasurer

**Steven Leifheit, DO**

Trustees

Term 1/1/2012 - 12/31/2013

District 1

**Tom Harris, DO**

District 2

**Dan Wolf, DO**

**David Farrell, DO\***

*Dr. Fannin's election to Vice-President creates a vacancy in District II. Dr. Farrell has been nominated to fill that vacancy.*

District 3

**David Lukens, DO**

**Tom Shelton, DO**

District 4

**Amber Figueroa, DO**

District 5

**Lynda Williamson, DO**

**AOA Delegates**

Term 1/1/2012 - 12/31/2012

**David Lukens, DO**

**Paul Emmans, Jr.,**

**Lindy Griffin, DO**

**Harold Agner, II, DO**

**Robyn Phillips-Madson, DO**

**Paul Emmans, III, DO**

Alternates

**Scott Fannin, DO**

**Amber Figueroa, DO**

## Foundation Needs Your Support

It was so much fun, we decided to do it again! Saturday, June 25th is the date for the Washington Osteopathic Foundation's Tenth Annual Auction with proceeds benefiting osteopathic training in Washington State. The event will take place during the convention immediately following WOMA's Annual Awards Banquet at the beautiful Semiahmoo Resort in Blaine.

Auctioneer **Loren H Rex, DO** promises he can auction just about anything and over the last ten years he has proven it. To date he has raised over \$45,000 while providing an evening of entertainment that makes you feel good about opening up your wallet for a worthy cause.

The Foundation provides low interest loans and scholarships to osteopathic medical students who commit to practice in Washington upon completion of their training. With so many more students training in Washington, we have seen an increase in requests and would like to be able to assist more who apply.

If you can help with the donation of an item for the auction, please contact Beth or Kathie at the WOMA office (206) 937-5358. All donations are tax deductible. Suggestions include tickets for major sporting events, theme baskets, one-of-a-kind handcrafted items, artwork, jewelry, gift certificates for restaurants, weekend getaways at cabins or condos, golfing packages and/or equipment or just anything fun that the group may want to bid on. The more unique, the better!

Whether or not you are planning to attend, your consideration in helping this worthwhile cause is greatly appreciated. The tax ID number is 23-7115033. Auction donation forms are available from the WOMA office. If you prefer to donate money instead, contributions may be made by check, Visa or MasterCard using the contribution form in the Foundation section at [www.woma.org](http://www.woma.org).

## Law-Making Update

The Washington State Legislature was called back into Special Session on April 26<sup>th</sup>.

Following are some of the bills WOMA has been working.

**Senate Bill 5018** has been signed by Governor Gregoire. It allows occupational therapists to provide wound management subject to certain conditions. The board of occupational therapy practice is required to develop an affidavit form to be used by occupational therapists attesting to their education and training. (WOMA supported the intent but requested an amendment to define which types of wounds occupational therapists can manage. The legislation allows OT's to do deep tissue debridement with a scalpel upon referral by a physician or other qualified provider, which constitutes surgery. WOMA is the **only** organization who opposed this language and cautions DOs who refer wound management to occupational therapists that the referring physician is responsible for adverse outcomes.)

**House Bill 1183** was signed by Governor Gregoire. Institutions of higher education are prohibited from entering into exclusive agreements with a hospital or physician that would preclude the hospital or physician from entering into an agreement to provide student clinical rotations or residencies to qualified osteopathic or allopathic medical students from other institutions. This bill was requested by WOMA and PNWU in response to a number of reports from preceptors that said they would like to precept osteopathic students but their exclusive agreements with another school prohibits them from precepting students from other schools. WOMA requested and received a last-minute amendment to include foreign medical schools in the legislation.

**House Bill 1311** was signed by the Governor and requires the state health care authority to convene a collaborative, to be known as the Robert Bree collaborative, to identify health care services (including treatment of low back pain) for which there are substantial variations in practice patterns or high utilization trends in the state that are indicators of poor quality and potential waste in the health care system. It requires all state-purchased health care programs to implement certain evidence-based practice guidelines or protocols and strategies. (At WOMA's request, the bill was amended to include nominees for the Collaborative from WOMA.)

**Senate Bill 5229** Exempts prescriptions for atypical antipsychotic drugs from preferred drug substitution. The bill was

reintroduced into the Special Session, but no hearing has been scheduled.

**House Bill 1561** originally banned balance billing by out-of network providers in emergency room settings. WOMA and WSMA lobbied against the bill. The problematic reimbursement formula and the prohibition on balance billing has been replaced by transparency requirements for providers, hospitals and carriers for when balance billing occurs. The bill was reintroduced into the Special Session but no action has been taken.

**House Bill 1493** was signed by the Governor. It provides a complainant with a reasonable opportunity to supplement or amend the contents of the complaint and must allow the license holder to respond; promptly respond to the inquiries as to the status of the complaint; and provide the complainant or the license holder, following the investigation or closure of the complaint, with a copy of the file relating to the complaint upon request, including any response submitted by the subject of the complaint. Provision of the file is subject to the Public Records Act. The disciplining authority may not disclose any confidential or privileged information or any information exempt from public disclosure. The complainant or license holder may be charged a fee for copying the file. Prior to any final decision in any disciplinary proceeding, the disciplining authority must provide the complainant or his or her representative an opportunity to be heard through an oral or written impact statement. If the license holder who is the subject of the proceeding is not present at the proceeding, the disciplining authority must transmit the impact statement to him or her. The license holder must certify to the disciplining authority that he or she has received and read it. The disciplining authority must inform the complainant and the license holder in writing of the final disposition of the complaint. If the complaint was closed prior to a statement of charges or allegations being filed, the complainant may, within 30 days of receiving the notice of final disposition, make a request for reconsideration on the basis of new information. Within 30 days of receiving the request for reconsideration, the disciplining authority must notify the license holder of the request and provide the license holder with 30 days to respond. The disciplining authority must notify the complainant

and the license holder in writing of its final decision on the request for reconsideration, including an explanation of the reasoning behind the decision. A request for reconsideration may only be made once.

**SHB 1304** is a technical fix to a drafting error of 2009 legislation authorizing health care assistants to administer certain over-the-counter drugs. Only category C or E health care assistants may administer over-the-counter drugs and legend drugs (as opposed to "oral" over-the-counter and legend drugs). The DOH must adopt any rules necessary to implement this limitation.

**E2SSB5073**, the medical marijuana bill, was signed by the Governor with vetoes of several substantial sections including provisions that would establish a patient Registry within the Department of Health (DOH) and provide arrest protection for those patients who register. Licensing provisions for producers, processors, and dispensaries were vetoed as well as the section providing current producers and dispensaries with an affirmative defense if they register with the Secretary of State and file a letter of intent with DOH or the Department of Agriculture (DOA). Also vetoed, are the sections prohibiting the advertising of medical cannabis and the requirement that the Joint Legislative Audit and Review Committee review the licensing programs if the federal government authorizes the medical use of cannabis and the requirement that if expenditures from the Health Professions Account exceed receipts, the amount will be made up by the General Fund. Housing protections for medical cannabis patients are also vetoed. (Note, because the licensing was vetoed, there is no need for use of the Health Professions Account).

**HB1228**, was signed by the Governor, and removes naturopaths' limitations to noninvasive physical modalities and nondrug contraceptive devices. The bill was amended to limit "physical modalities" to those that do not exceed the physical modalities used as of the effective date of the section in minor office procedures or common diagnostic procedures.

**SB5960** is the Medicaid fraud bill. WOMA is working to get an amendment to remove the "bounty hunter" language. For more information on health care legislation go the Legislative website at [www.leg.wa.gov](http://www.leg.wa.gov).

# Collaborative Established

The Health Care Authority administers state employee health benefit programs through the Public Employees Benefits Board, as well as health care programs targeted at low-income individuals, such as the Basic Health Plan and the Community Health Services Grants. In addition, the Authority coordinates initiatives related to state-purchased health care, such as the Prescription Drug Program and the Health Technology Assessment Program.

Through the Prescription Drug Program, the state contracts for independent reviews of prescription drugs to compare the safety, efficacy, and effectiveness of drug classes from which recommendations are made by a clinical committee for the development of a preferred drug list.

The Health Technology Assessment program reviews scientific, evidence-based reports about the safety and effectiveness of medical devices, procedures, and tests and a clinical committee determines whether or not the state should pay for them. Chapter 258, Laws of 2009 established a work group to be appointed by the Authority. The work group included physicians and private and public health care purchasers. The work group was responsible for identifying evidence-based best practices guidelines and decision support tools related to advanced diagnostic imaging services. All state-purchased health care programs that purchase services directly were required to implement the guidelines by September 1, 2009. The work group expired on July 1, 2010.

HB 1311 established Legislative findings related to the need for public and private health care purchasers to work together to improve the quality and cost-effectiveness of health care services and the existence of substantial variations in practice patterns or high utilization trends as indicators of poor quality and potential waste. Legislative declarations were made regarding the need for state and private health care purchasers to collaborate to identify strategies to increase the effectiveness of health care and to provide immunity from state and federal antitrust laws.

HB13 established the Robert Bree Collaborative. The Collaborative will consist of 20 members appointed by the Governor. The members include: two representatives of health carriers or third party administrators; one representative of a health maintenance organization; one representative of a national health carrier; two physicians, one of which is a primary care provider, representing large multispecialty clinics with 50 or

more physicians; two physicians, one of which is a primary care provider, representing clinics with fewer than 50 physicians; one osteopathic physician nominated by WOMA; two physicians representing the largest hospital-physician groups in the state; three representatives of hospital systems, at least one of which is responsible for quality; three representatives of self-funded purchasers; two representatives of state-purchased health care programs; and one representative of the Puget Sound Health Alliance.

The Collaborative shall add members or establish clinical committees to acquire clinical expertise in particular health care service areas under review. Clinical committees shall include at least two members who are associated with the most experienced specialty or subspecialty society for the health services under consideration. No member may be compensated for his or her service. Members of the Collaborative and clinical committees are immune from civil liability for any decisions made in good faith while conducting work related to the Collaborative or its clinical committees. The Collaborative's proceedings must be open to the public and notice of meetings must be provided at least 20 days in advance. The Collaborative may not begin its work unless there are sufficient federal or private funds or state funds available through other ongoing health care service review efforts. Private funds may not be accepted if their receipt could present a potential conflict of interest in the Collaborative's deliberations.

The Collaborative shall annually identify up to three health care services for which there are substantial variations in practice patterns or high utilization trends in Washington. In addition, the services must not produce better care outcomes and be indicators of poor quality and potential waste in the health care system. Upon the identification of such health care services, the Collaborative shall identify evidence-based best practices to improve quality and reduce variation in the use of the service. The Collaborative shall also identify data collection and reporting for the development of baseline utilization rates and ways to measure the impact of strategies to promote the use of the best practices. To the extent possible, the reporting should minimize cost and administrative effort and use existing data resources.

Lastly, the Collaborative must identify strategies to increase the use of the

evidence-based practices. The strategies may include: goals for appropriate utilization rates; peer-to-peer consultation; provider feedback reports; use of patient decision aids; incentives for the appropriate use of health services; centers of excellence or other provider qualification standards; quality improvement systems; and service utilization and outcome reporting. In the event that the Collaborative selects a health care service that lacks evidence-based best practices, the Collaborative shall consider strategies that will promote improved care outcomes, including patient decision aids and provider feedback reports. The Collaborative must strongly consider the efforts of other organizations when developing strategies.

The Collaborative shall report to the Administrator of the Health Care Authority on the selected health services and the proposed strategies. The Administrator shall review the recommended strategies and inform the Collaborative of any decisions to adopt the strategies. Following the Administrator's review, the Collaborative shall report to Governor and Legislature. The reports shall be submitted annually and describe the selected services, proposed strategies, and results of the Administrator's review.

Upon receiving the endorsement of the Administrator, all state-purchased health care programs, including health carriers and third party administrators that contract with state programs, must implement the evidence-based practice guidelines and strategies by January 1, 2012, and every subsequent year. If the Collaborative does not reach consensus, state purchased health care programs may implement evidence-based strategies on their own initiative.

The Health Care Authority work group that was established to identify evidence-based practices related to advanced diagnostic imaging services that would apply to all state-purchased health care programs and its duties are repealed.

**WOMA is responsible for submitting five nominees for the osteopathic position on the Collaborative. If you are interested in being considered, please send your CV with a letter stating your qualifications to participate to Kathie Itter, Executive Director, PO Box 16486, Seattle, WA 98116-0486. The deadline for consideration is June 1, 2011. The five chosen nominees will be required to complete an online application for Gubernatorial appointment.**

## DO Students Awarded 40 Percent of Physician NHSC Scholarships

Osteopathic (DO) medical students comprise just under 20 percent of all U.S. medical students, but this year, they received 40 percent of the National Health Service Corps (NHSC) scholarships awarded to medical students (DO and MD). For each year students receive a scholarship, they agree to a one-year service commitment providing health care services to underserved populations located in selected Health Professional Shortage Areas (HPSAs) identified by the Secretary of the U.S. Department of Health and Human Services (HHS). The osteopathic medical education community has a strong tradition of graduating physicians who choose to provide care in rural and urban underserved areas, and osteopathic medical students may be particularly attractive scholarship candidates because of their affinity with serving those most in need.

The NHSC scholarship program awarded 211 scholarships in 2010 to students preparing to become physicians (MD or DO), dentists (DDS or DMD), family nurse practitioners, certified nurse-midwives or physician assistants. The scholarships cover tuition, required fees, and some other education costs, tax free, for as many as four years. Scholarships were awarded to 105 individuals studying to become physicians, both DO and MD. Osteopathic medical students received 42 of the scholarships awarded to medical students, accounting for 40 percent of total physician scholarships awarded. For more information on the scholarship program, visit the NHSC website <http://nhsc.bhpr.hrsa.gov/>.

## OMM and Sports Medicine

September 17, 2011  
PNWU  
7 Hours 1-A CME  
Anticipated  
Mark Your Calendar

## What Do You Know About ACOs?

Section 3022 of the Affordable Care Act requires the Centers for Medicare and Medicaid Services to establish a shared savings program on Jan. 1, 2012, that would:

- Aim to supply better care for individuals
- Provide better health outcomes for patients
- Lower per capita costs
- Encourage investment in healthcare infrastructure

To participate in the shared savings program, eligible providers, hospitals and suppliers may create or join an Accountable Care Organization (ACO). An ACO encourages providers of services and suppliers to create a new type of health care entity that agrees to be held accountable for improving the health and experience of care for individuals and improving the health of populations while reducing the rate of growth in health care spending.

Studies have shown that better care often costs less, because coordinated care helps to ensure that the patient receives the right care at the right time, with the goal of avoiding unnecessary duplication of services and preventing medical errors. Accountable Care Organizations (ACOs) create incentives for health care providers to work together to treat an individual patient across care settings – including doctor's offices, hospitals, and long-term care facilities. The Medicare Shared Savings Program will reward ACOs that lower growth in health care costs while meeting performance standards on quality of care and putting patients first.

Patient and provider participation in an ACO is purely voluntary. As an incentive to ACOs that successfully meet quality and savings requirements, the Medicare Program will share a percentage of the achieved savings with the ACO and its participants. CMS estimates that up to 5 million Medicare beneficiaries will receive care from providers participating in ACOs and that the Medicare program will realize between \$500 million and \$900 million in savings.

For more information on ACOs, go to [www.osteopathic.org/aco](http://www.osteopathic.org/aco).

## Addiction Treatment Seminar

Treatment of opioid addiction was previously limited to the Methadone clinic system. Federal legislation now allows for the treatment of this disorder by qualified prescribers using Buprenorphine in an office-based setting. One way to meet the qualification for a waiver to prescribe is to participate and earn 8 credit hours in approved CME programs.

WOMA is providing this opportunity in a Half and Half program. Four credits are earned using a DVD and four credits are earned in a Category 1-A live presentation by Bill Dickinson, DO. The live course will take place on the morning of June 23<sup>rd</sup>, immediately preceding the WOMA convention in Blaine.

The registration deadline is June 1 to enable time to complete the DVD training before the live seminar. Information is available on the WOMA website at [www.woma.org](http://www.woma.org).

## Exhibitors Support Convention

As of May 23<sup>rd</sup>, the following firms have contracted to exhibit at the 98<sup>th</sup> Annual Northwest Osteopathic Convention scheduled for June 23-26 at Semiahmoo Hotel and Conference Center in Blaine:

Abbott, Auxilium, Berkely Heartlab, Center for Diagnostic Imaging, Endo, Franciscan Health System, Lilly USA, Madigan Healthcare System, Medical Protective, Neuroscience, Pacific NW University of Health Sciences, Physicians Insurance, Purdue Pharma, Reckitt Benckiser, Takeda, Teva Respiratory and Yolo Medical, Inc.

If you are aware of any other firms that would benefit from participating in our exhibit hall, please contact Beth Morris or Kathie Itter at 206-937-5358 or email [bmorris@woma.org](mailto:bmorris@woma.org). Exhibit packets are available on the WOMA home page at [www.woma.org](http://www.woma.org).



# Bear Droppings... ..

by Loren H. Rex, D.O.

There was a time in America when the pace of life was slower. We didn't get instant gratification for anything we wanted and the farther out in the boonies you lived, the more likely it was that you didn't have access to much of anything. I grew up in Northwest Missouri in the late 40's and early 50's. I am very glad for that because it gave me memories that no longer, in many cases, exist anywhere. I didn't grow up poor, my family just didn't have any money; a big difference. The town was around 400 people and everyone knew everyone. That is not to say there weren't class differences but for the kids things were more or less equal. Your year was pretty well fixed by the seasons as well as the events you could expect to happen.

The starting of school in the fall and the raking of leaves to burn a bit later signaled a big change in the rhythm of life. I can still smell those burning leaves and it smelled great. Football season meant going to watch my big brother play, we were a very small town in farm country, 6 "Man" football. That's right, not enough boys to play the regular game. Fall is still my favorite time of the year due to the memories of weenie roasts around a bonfire after a hay ride behind either a horse team or a tractor with lots of fresh pressed cider.

The end of fall was signaled by Thanksgiving and the start of Girls basketball. Boys basket ball paled in comparison to the female variety, which in those days was a half court game and looked pretty strange by today's standards. Finally Christmas vacation rolled around and you got to exchange a present with someone in your class. Boys had to buy things for girls and vice versa. You were allowed to spend up to about ten cents for your gift. This meant that all the girls got perfume that smelled really strong. I can still smell the two biggies, Radio Girl and Ben Hur. However, if memory serves me correctly they weren't a familiar smell when we returned from vacation. My family helped start the Christmas Eve candle lighting service at the Methodist church

in 1948 and it continues to this day. If you were a member of the choir, your time was tied every Sunday afternoon for a month or two practicing for performance that was an integral portion of the show. Christmas morning at the church meant each child got a brown paper bag filled with candy. Each had a popcorn ball, ribbon candy, hard candy, two candy canes, some bonbons filled with coconut, and two Brazil nuts. I suppose these were to make us wonder how the hell the kids in South America were able to open a Brazil nut.

Then came that awful grind from Christmas to Easter when in the Midwest, everything takes on the look of death. The leaves are gone, the sky is gray, the ground is frozen but there is usually no snow to break the monotony, just never ending sameness. Not at all like the Pacific Northwest where the weather is different every day and we hardly ever have rain two days in a row. Two months yes, two days no! But finally you notice you are drawing and coloring a lot of Bunnies in class and there is a banner of colored eggs strung around the class room. Also a couple of parties to color Easter eggs to be hidden so you could find them again. Yep, it was almost Spring, and that meant the end of our incarceration was upon us. True, you still had a couple of months to go but you could smell the possibility of freedom. Unless, of course, you were in the band which meant you were now coming to school at 0 dark thirty in the morning to practice for Music contest. I went to a school that was very serious about the level of performance expected of each and every student. This included that you make it to the State Music Contest at the University of Missouri. Nothing less was an option.

Finally it was here, the end of school. Well there was that thing called a Grade Card. That might require some creative explaining but it didn't mean you had to go to summer school. OK, in my case you had to go to Vacation Bible School to learn that if you memorized a Bible verse you would be rewarded with cookies and Kool-Aid and it was only

a couple of weeks and one recital.

The world was now your oyster. Roll out of bed and eat breakfast then out the door shoeless, of course, for a day of adventure in a one mile circle you knew like the back of your hand. But in about the third grade I got wheels in the form of a Western Flyer bike that my parents made me pay for myself. Never the less I had wheels and my world expanded to around a full five miles or whenever your legs gave out, which ever occurred first.

Tuesday night, the picture show came to town and since my oldest brother worked for the owner, I got to help set up the seats and get in free. Was that great or what? You got a program that consisted of a cartoon, a shoot'em up cowboy serial episode to talk about all week with all 8 of your buddies, and a feature film. All Right!!!

Wednesday we all got loaded up and taken to the big town where there was a swimming pool for lessons. This was also the place that put on a big picnic on the 4<sup>th</sup> of July. But, the big question on everyone's mind, the one that really mattered, was, will the circus come back this summer. Our eyes were peeled for the first colorful poster offering unimagined adventure.

To be continued. . . . .  
Bear

## AOA Life Members Announced

This year AOA Life Membership was bestowed on two WOMA members, **John W Allen, DO** of Sunnyside and **Joe Thomas, DO** of Des Moines.

DOs that are eligible for life member status in the AOA have had at least 25 years of membership and are at least 75 years of age. The AOA is proud to recognize these osteopathic physicians for their achievement.

Congratulations to Drs. Allen and Thomas!

## DOH to Reduce License Fees

The Department of Health is proposing rules that will reduce fees for osteopathic physicians and osteopathic physician assistants. The osteopathic profession has demonstrated a reduction in the costs to administer the profession. The costs to administer the profession have been consistently below the existing fee revenues.

The proposed fees are as follows:

**Endorsement application** reduced from \$800 to \$600  
**Active license renewal** reduced from \$750 to \$600.00  
**Active late renewal penalty** reduced from \$300 to \$250  
**Active expired license reissuance** reduced from \$300 to \$250  
**Inactive license renewal** reduced from \$500 to \$350  
**Expired inactive license reissuance** - no change \$225  
**Inactive late renewal penalty** reduced from \$250 to \$175  
**Endorsement/state exam application** reduced from \$900 to 500  
**Reexam** - no change \$100  
**Certification of license** - no change \$50  
**Limited license application** reduced from \$350 to \$325  
**Limited license renewal** reduced from \$325 to \$300  
**Temporary permit application** – no change \$70

**Duplicate certificate** – no Change \$20

**Substance abuse monitoring surcharge** - no change \$25

**UW ((library)) on-line access fee (HEAL-WA)** – no change \$25

RCW 43.70.250 requires that each profession is self-supporting and directs the department to collect fees to pay the costs to regulate the profession. Reductions in administrative and regulatory costs and activities that include credentialing, complaint intake, and disciplinary activities make it possible for the department to propose reducing the fees for osteopathic physicians and osteopathic physician assistants.

The formal adoption hearing is scheduled for 1:00 p.m. on May 24, 2011 to be held at the Department of Health, 310 Israel Rd SE, Room 152, Tumwater, WA 98501. You may also provide comments via e-mail to: [Dianna.staley@doh.wa.gov](mailto:Dianna.staley@doh.wa.gov) or on the website at: <https://fortress.wa.gov/doh/policyreview/> until close of business on May 24, 2011.

WOMA has requested from DOH the data used in determining the new fees. As this newsletter goes to press, the fiscal staff could not guarantee providing the data in time for the hearing, the notice for which went out May 18, less than one week's notice.

## PMP in the Works

On May 2<sup>nd</sup> the Prescription Monitoring Committee held its first meeting. Mike Quirk, DO represented WOMA at this meeting. In his report, Dr. Quirk noted that the Program will track nearly all schedule II-IV controlled substances that are dispensed in Washington State. It will not include the Veterans Administration or Department of Defense but it will probably include Indian Health Services. It looks at what is dispensed rather than what is written by prescribers.

Pharmacies will start putting data into the program in October 2011 and this information will be available to interested prescribers starting January 2012.

The data will be available to pharmacies, interested prescribers, law enforcement and licensing agencies. In addition, information without patient identification will be available to researchers. Patients may view their own individual prescriptions.

It is presently being funded by Federal grants but ultimate funding has not yet been determined.

One suggestion is to raise licensing fees to cover the cost (about \$5 per licensee per year.) Several osteopathic physicians have suggested that, in lieu of increasing fees, a portion of the \$25 HEAL-WA fee be redirected to fund the PMP.