

Premed Forums Consolidated



Dr. George Kriz, a premed advisor from Western Washington University, volunteers as the patient while WOMA Treasurer Steven Leifheit, DO demonstrates a palpatory exam for the premed students.

For the past several WOMA members, osteopathic medical students and admissions staff from osteopathic medical schools have participated in osteopathic premed forums at several Puget Sound universities each year. With the number of participating universities increasing it was becoming difficult to recruit sufficient DOs, students and COM admissions staff to participate in each forum.

The decision was made to invite all of the area premed students to one large premed forum. On the afternoon of Saturday, October 20, six premed advisors, fifty premed students, three COM admissions representatives, eight osteopathic medical students and four WOMA member DOs converged upon the Doubletree Guest Suites/Southcenter to talk about osteopathic medical school.

Moderators Amber Figueroa, DO and Scott Fannin, DO shared information about their family practice offices. Dr. Figueroa works for a community health clinic in Wenatchee. Dr. Fannin is in private practice on Mercer Island.

Student Doctors Andrea May and Laura Turgano from ATSU-SOMA and David Escobar, Helan Lee, Kristi

Trickett and Kate McGovern from PNWU participated in panel discussions about the osteopathic curriculum and medical school experience. First year ATSU-SOMA students Ursula Barghouth and Farren Ancar were also present to answer questions from the premed students and advisors.

The admissions process was discussed by a panel including Deanna Hughes, Associate Director of Residential Admissions of ATSU-SOMA, Michael Riffin, Admissions Counselor at PNWU and Luke Rauch, Recruitment and Public Relations Officer at COMP-NW.

OMT demonstrations were provided by Richard Koss, DO, Steven Leifheit, DO and David Escobar, OMSIV.

David Tate, Executive Director of the Northwest Osteopathic Medical Foundation in Portland provided a drawing for a \$1,000 tuition waiver to a Northwest Osteopathic Medical School.

WOMA is grateful to all who donated their Saturday afternoon to participate. (See page 6 for more photos.)

Winter Seminar Features Mars and Venus

On Saturday, December 1st WOMA will present “Mars and Venus: Male and Female Health Issues. The seminar will start with women’s health topics in the morning that include a Female Heart Disease Update by Sarah Speck, MD; Treatment of Female STD’s by Sharon Cathcart, DO; Therapy for Low Libido by Anita Showalter, DO and an update on Cancer Screening Guidelines by Catherine Hunter, DO.

The afternoon presentations include Treatments for Low Testosterone and Osteoporosis in the Male Patient presented by Ken Cathcart, DO; Age-Appropriate Treatment of Prostatitis by Bill Vanasupa, DO and STD’s in the Male Patient by Mark Schomogyi, MD.

This program has been approved for 8 AOA Category 1-A CME credits. WOMA members receive a significant registration discount and if you register by November 19 you will save \$50. If you are not a member, this is a good time to join. You will receive the member price if you submit a completed WOMA membership application and the \$25 application fee with your seminar registration. Applications are on the WOMA website at www.woma.org. If you need additional information, contact Kathie Itter, Executive Director at kitter@woma.org or call 206-937-5358.

ICD-10 Implementation Delayed

On August 24, 2012 the Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced a rule finalizing a one-year proposed delay — from Oct. 1, 2013, to Oct. 1, 2014 — in the compliance date for use of ICD-10 codes, which classify diseases and health problems.

WOMA’s coding expert, Janneen Lambert, will provide an enhanced coding update in January 2014 to review the new ICD-10 codes.



5220 California Ave SW, Suite B
PO Box 16486
Seattle, WA 98116
(206) 937-5358
Fax (206) 933-6529
www.woma.org

WOMA Executive Committee

President

Lyndsey Rasmussen, DO

President-Elect.

Marc Cote, DO

Vice President

Scott Fannin, DO

Secretary

Mark Hunt, DO

Treasurer

Steve Leifheit, DO

Immediate Past President

Stan Flemming, DO

Government Relations Representative

Dave Knutson

Executive Director/Editor

Kathleen S Itter

Foundation Board

President

David Lukens, DO

Vice President

Loren H Rex, DO

Secretary

Lindy Griffin, DO

Treasurer

Dan Dugaw, DO

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

Notice of Meetings

Washington Osteopathic
Foundation Board

December 1, 2012 6:00 p.m.

WOMA Board of Governors Dinner

December 1, 2012 immediately
following WOF Board meeting

Doubletree Guest Suites/Southcenter
16500 Southcenter Parkway
Seattle, WA 98188

WOMA Welcomes New Members

The following applications for membership were approved by the WOMA Board of Governors at their meeting on September 22, 2012:

Active

Olga Hernandez, DO DMUCOM'09

Leah Inman, DO DMUCOM'09

Michael Pickens, DO OSUCOM'03

Alexander Sobel, DO UNECOM'02

David Whitaker, DO UHSCOM'83

Associate

Lynn Fioretti, DO CCOM'90

Keith Watson, DO INYHSC'75

Postgraduate

Stan Adamek, DO ATSU-SOMA'11

C Vaughn Bulfinch, DO PNWU'12

Mary Ann Lara Galagate, DO ATSU-SOMA'11

Meredith Mann, DO COMP'09

James McGlothlin, DO VCOMVC'09

Johnny Shum, DO NSUCOM'11

Adam Stephenson, DO COMP'11

Randy Wang, DO TUCOM'11

Student

Erick Roff ATSU-SOMA'16

Nafiseh Haghgoo ATSU-SOMA'14

Mary Rowe ATSU-SOMA'13

Kristine Beetham COMP'16

Buu Bui COMP-NW'16

Svetlana Feyter COMP-NW'16

Michael Fox COMP-NW'16

Trintje Johansson COMP-NW'16

Christina Lieman COMP-NW'16

PNWU 2016

Kathryn Alfonso

Hanalore Alvarez Alupay

David Applebury

Janelle Ausloos

Anne Baker Bealer

Bryan Baker

Geoffrey Baker

Chantal Barbot

David Barnett

Dustin Brown

Noah Buncher

Sarah Christianson

Hilary Clark

Jessa Derania

Oanh Doan

Tyler Doornink

Christopher Dubuque

Todd Duppong

Patricia Egwatu

Kristian Enghusen

Alex Friedman

Melisa Farias

Shrin Fazel-Hashemi

Aaron Ferro

Alida Fiamengo

Benjamin Finch, Jr

Laura Finn

Sheri Finn

Heidi Geil

Files Gifford

Martin Graves

Erin Green

Sally Gustafson

Ian Hallows

Mari Hammerquist

Fihangi Hindagolla

Victoria Jaeger

Kathryn Jones

Nadezhda Lapik

Elisabeth Long

Kathleen McGovern

Anastasia Maletz

Damek Maurice

Nicki Maxwell

Oksana Miller

Kyle Moore

Emma Moran

Jarrad Morgan

Jessica Murphy

Hong Nguyen

John Nguyen

Peter Van Nguyen

Thanh-Hou Nguyen

Walter Nickel

Malik Nizamuddin

Davide Ohlson

Amanda Quach

Trey Rogers

Jason Sarisky

Karen Showalter

Eduardo Serpa

Mohsen Soofian

Jayme Stout

Shawn Taylor

Clint Thompson

Courtney Thurner

Kristi Trickett

Brandon Wei

Xin Wei

Kaden Willie

Christopher Yoo

HEAL-WA Fees Reduced

The Department of Health has amended fee rules to reduce the Health Evidence Resource for Washington (HEAL-WA) license surcharge. The agency collects an annual surcharge from 16 health professions to support the HEAL-WA Web portal and transfers the fee to the University of Washington. The new surcharge drops from \$25 to

\$16.00 for 15 professions, including Osteopathic Physicians. East Asian medicine practitioners will still pay \$9.00. The fee reduction aligns the revenue collected with the agency's spending authority to transfer fees collected to the university. The new fees are effective Nov. 1, 2012

Single, Unified GME Accreditation System Announced

The AOA, the Accreditation Council for Graduate Medical Education (ACGME) and the American Association of Colleges of Osteopathic Medicine (AACOM) have entered into an agreement to pursue a **single, unified accreditation system for graduate medical education programs** in the United States beginning in July 2015. This move comes about after the ACGME proposed two policies (Common Procedure Requirements) about a year ago. One policy would limit the ability for AOA-trained DOs to enter a second year of training in an ACGME program. The other policy would no longer recognize completion of an AOA-accredited residency program for entry into an ACGME fellowship.

During the coming months, the three organizations will work toward defining a process, format and timetable for ACGME to accredit all osteopathic graduate medical education programs currently accredited by the AOA. The AOA and AACOM would then become organizational members of ACGME.

Currently, ACGME accredits over 9,000 programs in graduate medical education with about 116,000 resident physicians, including over 8,900 osteopathic physicians. The AOA accredits more than 1,000 osteopathic graduate medical education programs with about 6,900 resident physicians, all DOs.

Getting to Know You

WOMA is pleased to welcome the following new Active Members:

Olga Hernandez, DO is a 2009 graduate of DMU-COM. She completed her family medicine residency at FSMW Vancouver, WA this year and is practicing in Aberdeen.

Leah Inman, DO graduated from DMUCOM in 2009 and completed her residency in internal medicine in Spokane this year. She practices in Gig Harbor.

Michael Pickens, DO is a 2003 graduate of OSUCOM. He completed an internship and pediatric residency at the University of Texas-Houston in 2006 and a pediatric GI fellowship at the University of California-San Francisco in 2009. He practices pediatric gastroenterology in Tacoma.

The transition to a unified system would be seamless so that residents in or entering current AOA accredited residency programs will be eligible to complete residency and/or fellowship training in ACGME accredited residency and fellowship programs.

Looking Ahead

Among the topics of discussion for the three organizations will be:

- **Modification of ACGME accreditation standards** to accept AOA specialty board certification as meeting ACGME eligibility requirements for program directors and faculty;

- Programs in graduate medical education currently accredited solely by AOA will be recognized by ACGME as **accredited by ACGME**; and

- **Participation by AOA and AACOM** in accreditation of programs in graduate medical education accreditation to be solely through their membership and participation in ACGME.

As developments and details unfold, information for the osteopathic family can be found at www.osteopathic.org/acgme. There you may find answers to frequently asked questions, the AOA's joint press release, a timeline of the issue and other resources.

Alexander Sobel, DO is a 2002 graduate of UNECOM. He did his internship and residency in otolaryngology/orofacial plastic surgery at Ohio University College of Osteopathic Medicine/Doctors Hospital in 2007 and a fellowship in general cosmetic surgery in 2008 at the Gallery of Cosmetic Surgery in Lynnwood. He practices facial/body cosmetic surgery in Bellevue.

David Whitaker, DO graduated from USH-COM in 1985. He completed an osteopathic rotating internship at Orlando General Hospital and a family medicine residency at the Medical College of Wisconsin. He practices internal medicine in Longview.

Regence Audits Based on Incorrect Edits

An increased number of chart audits by Regence have been reported to WOMA and other Northwest Osteopathic State Societies. A recent survey of DOs in Oregon and Washington indicated that 30 of the 90 physicians who completed the survey were being audited and all of those being audited provided OMT to their patients.

According to a letter received by a WOMA member, Regence believes that, according to CPT guidelines, the Chiropractic and Osteopathic Manipulation Treatment (OMT) codes include a pre-manipulation patient assessment. While this is true for chiropractic, it is not so for OMT. The National Correct Coding Initiatives developed by CME allow for the separate reporting of an E/M service with OMT.

Kavin Williams, Senior Manager of Public and Private Payment Advocacy for the American Osteopathic Association, has submitted a letter to Regence management explaining the error and requesting removal of any coding edits that disallow separate reporting and payment for E/M with OMT, cessation of future audits based on imprecise coding information and a review of previously denied claims with return of payments deducted based on those reviews.

For at least one DO, it appears that Regence may be backing off of the E/M and OMT issue, but is now looking at the higher level office visits used for patients who are not (in Regence's opinion) sick enough to require the higher level. Regence, in some cases, is withholding payment without any explanation given to the provider, before an appeal has been processed.

WOMA will work to keep members posted on any progress made.

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

Written by Amanda Shaw, MPH, Research and Communications Coordinator, WPHP and Charles Meredith, MD, Medical Director, WPHP

An article recently published in the *Annals of Internal Medicine* estimated that 30 percent of physicians experience a period in their careers during which they have a condition—mental or physical—that could impair their ability to practice safely.¹ The Washington Physicians Health Program (WPHP) is a private, non-profit organization established in 1986 by the Washington State Medical Association (WSMA) with the mission of reaching out to distressed physicians. Since that time, the organization has grown in structure and function, receiving thousands of referrals, and assisting over 1,000 healthcare providers in the state of Washington.

WPHP helps identify those at risk, makes referrals for evaluation or treatment, monitors the recovery, and endorses the safety of healthcare providers who have a condition that could impact their clinical performance. These conditions could include alcohol and/or substance abuse or dependence, major depression, bipolar disorder, cognitive disorders, personality disorders, and physical disorders, such as multiple sclerosis or chronic pain.

WPHP takes referrals from any individual who has a concern that a physician or other healthcare provider may have a potentially impairing condition. Signs of substance abuse, significant emotional lability, significant depression, or overwhelming anxiety can be warning signs of a disease process that may disrupt the provider's career and threaten patient care. Typically, referrals begin with a call to WPHP where the caller shares his or her concerns with a member of our clinical staff. Following referral, the WPHP clinical staff gathers information to determine if WPHP services might be useful and warranted for the referred healthcare provider. While anyone can make a referral, employers account for the largest proportion of WPHP

referrals. The WPHP clinical staff is also able to provide assistance with issues related to disruptive behavior among healthcare providers and is available to consult on such cases and provide guidance to medical staff leadership. Often instances of disruptive behavior are the product of an underlying psychiatric condition.

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

WPHP provides its services as a therapeutic alternative to discipline. According to Washington Administrative Code 246.16.220, all license holders are required to identify colleagues who may be impaired by a mental or physical condition to one of two entities for immediate help in an effort to prevent patient harm. These two entities are WPHP or the individual's licensing board. Confidentiality is one of the program's most critical components. To the maximum extent provided by existing state and federal law, WPHP is a confidential resource for healthcare providers and their spouses, domestic partners, families, employers, and colleagues who have concerns that a provider might be at risk for potential impairment. Due to legislative protections, roughly 90 percent of current WPHP clients are participating in the program confidentially, without the knowledge of their licensing boards. Of the 10 percent whose participation is known to their licensing boards, the majority are individuals who were identified to their board before being referred to WPHP.

Get Involved!

President-elect Marc Cote, DO is seeking WOMA members who are interested in serving on two key committees for WOMA.

The Public Affairs Committee focuses on monitoring legislative activity. It conducts a lot of business by email, sometimes requiring quick responses. This committee meets in person or by teleconference once a month, usually on the second Tuesday or with the Board of Governors in March, June, September and December, in conjunction with WOMA seminars.

The CME Committee plans WOMA's CME programs. The Committee will meet in person a couple of times a year and will do a lot of business by email. Members of this committee alternate chairing and moderating the seminar and convention programs.

If you are interested and/or would like more information, please contact Executive Director Kathie Itter at kitter@woma.org or 206-937-5358.

AACOM Welcomes Three New Colleges

The leadership and Board of Deans of the American Association of Colleges of Osteopathic Medicine (AACOM) are pleased to welcome three new colleges of osteopathic medicine as members of AACOM. The three colleges are now available to students applying through AACOMAS (AACOM's centralized application service) for 2013 entry into osteopathic medical school.

The three new colleges of osteopathic medicine and their respective deans include:

- Alabama College of Osteopathic Medicine (Dothan, AL)
- Campbell University School of Osteopathic Medicine (Buies Creek, NC)
- Marian University College of Osteopathic Medicine (Indianapolis, IN)

With the addition of these new schools, there are now 29 U.S. colleges of osteopathic medicine (COMs), four branch campuses, and four additional teaching locations. Currently, more than 20 percent of medical students in the United States are earning their degrees at one of the nation's COMs.

Premera Implements Recognition Program

Correspondence dated October 15, 2012 from Premera Blue Cross notified physicians about the Blue Physician Recognition program through Blue Cross Blue Shield Association in which individual primary care and specialist physicians are recognized if they participate in one or more quality-based recognition programs on their list. They will be identified with an icon on Premera's provider finder. The list included only allopathic training programs.

Upon receipt of the notice, WOMA staff contacted Premera to ask why the osteopathic programs were not listed and was told that it was up to the specialty organizations to contact the national Blue Cross Blue Shield Association to get approval of their quality-based recognition program. The staff immediately contacted AOA who

was not aware of Premera's program. The AOA is now communicating with Premera about the AOA's Osteopathic Continuous Certification program.

Currently, there are 4 AOA specialty certifying boards which have received approval by CMS for its Maintenance of Certification incentive (Internal Medicine, OB-GYN, Pediatrics and Radiology) for the 2012 reporting year. Effective January 1, 2013, the American Osteopathic Association's 18 specialty boards are implementing Osteopathic Continuous Certification (OCC), which is very similar to the MOC process for ABMS-certified physicians. The OCC process has also been recommended by the Federation of State Medical Boards (FSMB) for physicians to fulfill maintenance of licensure requirements.



Andrea May, OMSIII, ATSU-SOMA talks to a premed student. (see article page 1).

Premed panel members from left: Andrea May, Laura Turgano, Kristi TTrickett, Helan Lee, David Escobar and Kate McGovern talk about the osteopathic curriculum and student life.



WOMA Speakers Bureau Under Construction

As accredited CME undergoes continuous changes, it is important for WOMA to have a reliable list of presenters available to participate in a variety of topics. Accreditation standards require the use of evidence based resources in the needs assessment process. Topics can no longer be selected just because an audience requests it. Resources such as journal articles and website articles are required to demonstrate a need for the topic. To that end, if a member would like to see a topic covered at a WOMA seminar, providing a recent (within the last two years) needs assessment resource with the request will give the topic a better chance of being selected.

If you would like to be considered for WOMA's Speaker Bureau, please submit your CV with a list of topics that you are prepared to present. Evidence based resources for the topics will be helpful. WOMA's CME Committee will decide which topics to use in a program, based on survey requests and needs assessment results. All topics will require a PowerPoint presentation to be provided two weeks before the seminar. Speakers will be required to complete a Faculty Disclosure for each time they present.

CVs, topic lists and needs resources may be emailed to Kathie Itter at kitter@woma.org.

OSTEOPAC Needs Support

The osteopathic profession formed the Washington Osteopathic Physicians and Surgeons Political Action Committee (OSTEOPAC) several years ago to provide our profession with an avenue to support worthy candidates for the Washington State Legislature and fund the DO Day in Olympia event each year. Though membership is strictly voluntary, it is, no less essential to your own self-interest. OSTEOPAC can you assure maximum impact from your political contributions.

Please join today by using the registration form on the back page of this newsletter.

Medicare Carrier Advisory Committee Report

By Harold Agner, DO

The purpose for the CAC is to provide a formal mechanism for physicians in the State to be informed of and participate in the development of an LCD in an advisory capacity; a mechanism to discuss and improve administrative policies that are within carrier discretion; and a forum for information exchange between carriers and physicians.

Recovery Audit Contractors are fully operational in Washington State. When following the appeal process, providers must be mindful of time deadlines for record submission. The contractors are currently reviewing ER outpatient observation services.

Medicare is currently accepting bids in Seattle, Tacoma, and Bellevue area for Durable Medical Equipment. A national mail order program for diabetic testing supplies is being implemented,

To learn more about Medicare's DMEPOS Competitive Bidding Program visit

<http://www.cms.gov/Outreach-and-Education/Outreach/Partnerships/DMEPOSToolkit.html>.

Or contact: Lauri Tan, Seattle Regional Office, 206 615-2324 Lauri.Tan@CMS.HHS.GOV

More than 100,000 providers have been paid over \$5.6 billion in EHR incentive payments. Providers are encouraged to register for the Medicare and/or Medicaid EHR Incentive Program(s) as soon as possible to avoid payment delays.

You can register before you have a certified EHR. Register even if you do not have an enrollment record in PECOS. For more information, go to

<http://www.cms.gov/EHRincentivePrograms/> or contact Michelle Dillon, Seattle Regional Office, 206-615-2368 Michelle.Dillon@CMS.HHS.GOV

The Shared Savings Program of Accountable Care Organizations is designed to improve beneficiary outcomes and increase value of care by 1. Promoting accountability for the care of Medicare fee-for-service beneficiaries; 2. Requiring coordinated care for all services provided under

Washington D. O.

Medicare Fee-For-Service; and 3. Encouraging investment in infrastructure and redesigned care processes;

Beneficiaries maintain the full benefits available under traditional Medicare (fee-for-service), and the right to receive services from any healthcare provider accepting Medicare patients. Beneficiaries will be notified that their provider is participating in the program (ACO) via letter from the provider, or during an office visit. Beneficiaries will receive general notification about the program and what it means for their care. ACOs must give beneficiaries an opportunity to decline to have their data shared. For more information, visit www.cms.gov/sharedsavingsprogram, or Contact Becky Chapman, Seattle Regional Office, 206 615-2414 Rebecca.Chapman@CMS.HHS.GOV

ICD-10 Implementation has been delayed until Oct. 2014. Providers are encouraged to continue implementation preparation. For more information, contact Lauri Tan, Seattle Regional Office, 206 615-2324 Lauri.Tan@cms.hhs.gov

Providers are reminded that that CXRs, MRIs, CT scans and UAs performed for screening purposes are not covered under Medicare. Also, Laparoscopic Sleeve Gastrectomy is not covered for Medicare population over age 61.

Future Draft Local Coverage Determinations include Epidural Steroid Injections; Percutaneous Coronary Intervention and Lumbar Fusion.

Noridian Provider Education Update CR 7499 replaces HIC number with original claim Patient Control Number. New form, CR7688 became effective 07/01/12. The standard "immediate recoupment" process includes voluntary repayment for demand overpayments only. Must be requested in writing. For more information go to https://www.noridianmedicare.com/partb/forms/docs/immediate_recoupment_request.pdf

It is inappropriate to resubmit claims if: 1. Have not received payment/denial (MR has up to 60 days to review); 2. Medical Necessity Denial (Must appeal

Fall 2012

Maintenance of Licensure

Maintenance of Licensure (MOL) is a process by which licensed physicians periodically provide, as a condition of license renewal, evidence that they are actively participating in a program of continuous professional development that is relevant to their areas of practice, measure against objective data sources and aimed at improving performance over time.

The Federation of State Medical Boards (FSMB), the non-profit organization that represents the nation's 70 state medical boards, is working with its member boards to develop an MOL system for the United States. MOL is still several years away from being adopted. In the meantime, the FSMB is working to develop and implement various pilot projects to help states prepare for MOL.

While Continuing Medical Education (CME) has been required of physicians for decades, the process by which physicians maintain their licenses has remained a concern among policy makers and regulators. In 1999 the Institute of Medicine noted that consumers generally feel protected by medical licensure, but it called upon state medical boards to do more to gauge a physician's abilities after obtaining medical licensure.

The MOL framework helps address these concerns by envisioning three components, reflective self-assessment, assessment of knowledge and skills, and performance in practice, that would be periodically required of actively licensed physicians in their area of practice as a requirement for license renewal.

FSMB is working with the National Board of Medical Examiners, American Board of Medical Specialties, the American Osteopathic Association Bureau of Osteopathic Specialists and the National Board of Osteopathic Medical Examiners.

-do not resubmit claim); or 3. Duplicate Denial (Find original denial message and correct). CMS will deny orders or referrals if provider not registered with PECOS <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/downloads/SE1221.pdf> . Providers will re-credential with PECOS every three years.

Page 7

PNWU Update

By Dean Robyn Phillips-Madson, DO

It's hard to believe that the fifth class of 75 PNWU-COM started their studies in August, and just took their semester midterm examinations. For a third year, the Grant County Farm Bureau took students on a day-long agricultural field trip through Grant County, including a tour of the award winning Columbia Basin Health Authority clinic in Othello. Students learned about occupational hazards of agricultural workers, how agriculture and ranching impact Washington State, and what kind of influence rural physicians have to keep this vital segment of the population healthy. This field trip was conceived by Jaime Sackmann and Class of 2012 graduate, Jeff Pryor, DO, and is part of the Community DOctoring course for first year students. Supporters of this trip include Darigold, Cattle Producers of Washington, the Washington Potato Commission, Meenach Farms, the Yakima Farm Bureau, Sunny Farms/JR Ranch, Skone & Connors, NW Farm Credit Service, Washington Pork Producers, Stokrose Farms, Hop Growers, Avila Dairy, Sackmann Cattle Company, and Manzana Orchards.

The Class of 2016's White Coat Ceremony keynote address was delivered by PNWU's new president, Keith Watson, DO, who spoke to new students about the historical significance of the white coat. In faculty news, two new pharmacology faculty members, Emily Oestreich, PhD, and Jeff Novack, PhD, and a new clinical faculty member, Mirna Ramos-Diaz, MD, in the Department of Family Medicine have joined the PNWU-COM community.

Applications for the Class of 2017 have increased more than 20% over last year at this time. The Multiple Mini-Interview (MMI) format is being used for a second year, which both applicants and interviewers endorse. The Class of 2015 is preparing for their core site selection in November, as well as looking forward to COMLEX Level 1 board preparation which begins after New Year's. Third year students are starting to think about strategies for fourth year rotations, and fourth year students are currently ranking their

choices for residencies and finishing their COMLEX Level 2 boards.

Dr. Robert Sutton continues to work with his team on residency program development in the Pacific Northwest. The historic announcement that the ACGME is working with the AOA to merge the residency accreditation process will have a significant impact on osteopathic medical students. Between 55 and 60% of all DO graduates choose ACGME accredited residency programs at present. This is an opportunity to create a more efficient, consistent and cost-effective residency accreditation process while maintaining osteopathic distinctiveness more intentionally.

The faculty, staff and administration of PNWU-COM have worked hard to prepare for a class size increase. Drs. Phillips-Madson, Sutton, and Watson, and CFO Ann O'Brien will present the request for 135 students per class in December to the Commission on Osteopathic College Accreditation (COCA).

WOMA CME Schedule

December 1, 2012
Male and Female Health Issues
8 AOA 1-A Credits
Seattle

March 23, 2013
Osteopathic Approach to Family Medicine
Seattle

September 21, 2013
OMT in Pain Management
Yakima, WA

Coding Update for DOs and Staff with
Janneen Lambert,
January 11, 2013



David Escobar, OMS IV, PNWU explains OMT to premed students at WOMA's Osteopathic PreMed Forum on October 20, 2012.



Bear Droppings... ..

by Loren H. Rex, D.O.

A call from Kathie Itter has made it plain that I owe her a Bear Dropping column NOW! So here goes. Basically, my hospital history as a patient was pretty scant, A Tonsillectomy in 1948 and a Motor Vehicle Accident in 1971, so in reality I had no idea what it was like to be a consumer of the goodies the Health Care system has to offer. I have come to a deeply heartfelt belief there are portions that function well because of the dedication of the providers within the system. I have also come to realize that there are parts of the system that suck for exactly the same reasons. I also believe that all practitioners connected in the system need to be forced into the system as patients without an ombudsman because as providers, we haven't a clue how the system works at 3am. OK by now I have upset a sizeable portion of my audience: good! Back a ways, columns 80-83, I told about my hip replacement and except for some cost saving measures concerning intra-operative x-rays, the whole thing was a good if not great experience. The hip has been absolutely pain free for nearly three years.

I messed up as a consumer by not demanding that the total project followed what seem to be National standards of care. I watched the procedure I was about to have, anterior approach hip replacement, on the internet by four different surgeons. Each stressed the necessity of obtaining an intra-operative x-ray to insure leg length equality. For some reason, I suspect purer and simple bottom line economics; this was not done in my case. The result, my new "leg" is longer than the other. When I pointed this out to the surgeon his answer was "What do you want, it was too short before and now it is too long, at least I didn't split the femur". This is true and if I ever need the other side done, which is doubtful, I would go back to the same guy after he had agreed to do an appropriate x-ray. I just referred a patient to have his hip done in Missouri and I instructed him to ask the Orthoped about intraoperative x-rays. His answer

"Of course I do them, how else would I get the legs the same length?" Like anything else, I have learned an important concept; you make better purchases when you research the product you are purchasing. That ain't rocket science folks.

So how did I come out in the deal? Way ahead of the game. I am pain free in the side of surgery but learning to walk in a whole new way has caused a whole new set of problems. I now have some instability in my low back that is new since the surgery and the muscles in the right hip tire more easily than before. One thing for sure, after leaching bio-mechanics for 35 years, I have learned more bio-mechanics in the last two than I did before. One thing I remember about my internship at mighty Waldo came from Jim Young, DO. Young didn't yell at you for not knowing an answer, he sent you to the library; a place where I hung out a lot thanks to Dr. Young. His pearl was "You never remember a thing until it is your patient." I would like to add a Rex observation. The closer you are to that patient, the better you will remember. It is harder to get a lot closer than the cheeks of your butt!

So I made what I would call a full recovery from my brush with the Orthopods thanks to help from Chris Petersen and the health care system. I actually did well until I made a fateful decision to retire after 40+ years of "Playing Doctor" and thoroughly enjoying what I was doing in life. But that is another story and I'm fixing to tell you about the life of a retired D.O. The decision was made by Linda and me to finally hang it up on March 28th of this year; the journey is still out on the wisdom of that particular life change. I am not by nature a superstitious person and not one who believes in the many conspiracy theories that come and go: I may decide to start!

I had been ferrying loads of office stuff home since closing the office and it had been un-eventful in every respect. Oh yeah, there was the looming specter

of the IRS needing some sacrificial blood but that isn't unusual. And so Friday the thirteenth of April dawned as a spring morning in the Pacific Northwest: cold, gray, cloudy and no reason to think it would be memorable before the day was over. I was feeling fine and made several trips back and forth before deciding to call it quits with the load I was currently on. I unloaded the car, took the boxes into the house and returned for the last thing which happened to be an office chair. I took the chair out and set it on the driveway, turned back to close the trunk and heard the killer chair with wheels start to descend my driveway headed for the street. At that point I did what each of us has done at some point in our lives; I became a living testimonial to the portion of our brain that the Phrenologists should label as the stupid center. I distinctly remember instinctively starting after the chair after it eluded my initial attempt at grabbing it. There then ensued a period of which I have no memory. In fact, my next memory is gazing up into three faces I had never seen before assuring me "You are going to be alright", the aid car is on the way. I wasn't sure who the aid car was for but I was beginning to suspect I was to figure into the puzzle: I was right! To be continued.

Sample Resources

Florida Osteopathic Medical Association president-elect John LaRatta, DO, realized that as a small practice in a suburban community he was sometimes left off the "radar" of pharmaceutical reps. He has assembled a list of pharmaceutical manufacturer user-friendly web sites for obtaining samples for patients that he has provided for you ruse. They are:

- www.merckservices.com
- www.pfizerpro.com
- www.aztouchpoints.com
(AstraZeneca)
- www.sanofiservices.us
- www.quo.novartis.com
- www.bisamplecenter.com (Micardis)
- www.novomedlink.com
- www.pghealthsamples.com
- www.mydrugrep.com
- www.mysamplecloset.com

Ounce of Prevention Leads to Fewer Suits, Lower Rates Via Patient Feedback

by Bonnie Cavanaugh of Property Casualty 360°

The good news for doctors and Medical Malpractice insurers is that more than 90 percent of all medical-liability claims are settled out of court. But less favorably for insureds: Nearly all plaintiffs, regardless of the ultimate settlement, wind up terminating the relationship with the physician in question and telling an average of 13 friends about their bad experience. And despite that high settlement percentage, insurers still pay an average of \$37,000 in defense costs per claim, according to Maury Magids, founder and CEO of Medical Malpractice carrier Capson Physicians Insurance of Austin, Texas.

One way Capson looks to control legal costs: It responds to litigation quickly by assigning each Med Mal case an in-house staff attorney rather than a claims adjuster. Those lawyers communicate with plaintiffs' attorneys in hopes of coming to an agreement. So far this year, early resolution of settlements has helped the carrier close four cases that incurred a total of \$1,500 in defense costs. That savings, Magids adds, is passed onto the client through

lower premiums. And by simply listening to their patients' complaints and letting them know their concerns are heard, doctors can help prevent lawsuits from ever being filed in the first place, says Magids, whose company bills itself as "the Medical Malpractice Carrier that Listens."

Capson's physician clients are able to get immediate feedback from patients via an electronic-based patient-satisfaction survey they're asked to fill out as they exit. Questions include: "How was your experience?" "How was the wait?" "How was the staff?" "How was the doctor?" "Were you satisfied with the visit? If not, why?" "Our practice is pretty IT savvy," says Staub, who has worked in personal care for 29 years and welcomes the chance to gather data that will help his practice avoid any potential issues. "We're trying to stay ahead of the curve." Staub says he left his longtime insurance carrier for Capson several months ago when his former provider merged with a larger insurer and "became somewhat impersonal." He was also attracted to Capson's

approach to Med Mal lawsuits: basically, "you shouldn't have any," Staub says.

As an operating philosophy, Capson does business under the assumption that technological innovations can help streamline underwriting, which then lowers overhead costs and allows a sizable savings to be passed onto the client. "Doctors are still paying more than they should for Med Mal premiums," says Magids. "They're paying more for losses in regard to frequency and severity—and also more for an industry that has not cut its costs."

According to Magids, Capson's insurance premiums are 15-20 percent lower than the traditional market in terms of what physicians pay for Med Mal coverage. "We're coming at the market quite differently than a traditional Medical Malpractice insurance company," says Magids. "We have created an online experience for a physician to come and quickly fill out a form online. The whole process is done in a couple of minutes."

For more information, visit our website at <http://www.capson.com//offer/kb> or call 888-825-4046.

Kibble & Prentice

A USI COMPANY

A new medical malpractice insurance prescription for WOMA members.



Kibble & Prentice now offers WOMA members:

- ▶ Significant savings on premiums
- ▶ *Retire When You Want Program*™ - No longer risk losing your existing earned free tail
- ▶ Patient Satisfaction / Risk Mitigation



Learn more at www.capson.com/offer/kb or call us at 888.825.4046



D.O. Day in Olympia

February 22, 2013

9:30 a.m. to 3:00 p.m.

Columbia Room

Legislative Building

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

The day will start at 9:30 a.m., with everyone assembling for instructions on how and what issues to discuss in your meetings with the legislators and updates on current legislation. Appointments with legislators will start at 10:00 a.m. Participants will meet with legislators and provide OMM demonstrations and free blood pressure checks to the public and legislators. All legislators will be invited to a lunch with our participants hosted by WOMA. Meetings will continue after lunch until 2:30 p.m. Please complete this registration form and fax or mail it to WOMA by **Friday, January 11th** to allow time to schedule appointments. This is a joint project with PNWU and those coming from the Yakima area are invited to ride the bus from PNWU to Olympia and back. Please indicate below if you want to ride the bus from Yakima.

Name _____

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

Address _____

City _____ Zip _____

Phone _____ Email _____

Please send registration to: WOMA
PO Box 16486
Seattle, WA 98116-0486
Or fax to: 206-933-6529

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

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



WOMA
PO Box 16486
Seattle, WA 98116-0486

OSTEOPAC

Washington Osteopathic Physicians and Surgeons
Political Action Committee

2012 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

_____ \$ 50.00

_____ \$ 365.00

_____ \$ 100.00

_____ Other \$ _____

Make Your Personal Check Payable to: OSTEOPAC

_____ Payment in full is enclosed. ___ Check ___ Cash

Please complete this form and send with your personal check (**no business checks**) made out to **OSTEOPAC** to P.O. Box 16486, Seattle, WA 98116-0486

*Information required by Public Disclosure Commission