

Legislature Mandates CME on Suicide

The Washington State Legislature passed the Matt Adler Suicide Assessment, Treatment and Management Act of 2012 (ESHB 2366) with ongoing CME requirements on Suicide Assessment, Treatment and Management for licensure. In 2013 HB 2315 added a one-time requirement for several health providers, including DOs and MDs, to complete one-time training in suicide assessment, treatment, and management.

The training must be at least six hours in length, unless the relevant disciplining authority determines that only screening and referral elements are appropriate, in which case the training must be at least three hours in length. The training must be completed during the first full continuing education reporting period after initial licensure or the effective date of the act, whichever is later. WOMA has received the approval of the Board of Osteopathic Medicine and Surgery for an eight hour program scheduled for Saturday, March 21st at PNWU in Yakima which will also be live-streamed for those unable to get to Yakima. It will provide 8 AOA Category 1-A CME credits

One of our seminar presenters, Jeffrey Sung, MD, is assembling on-demand webinars designed to meet the State requirement, but they will not be eligible for AOA credits.

Save the Date!
**102nd Annual NW
 Osteopathic Convention**
 June 25-28, 2015
 Semiahmoo
 Blaine, WA

Dr. Phipps Appointed to WOMA Board



Heather Phipps, DO

President Scott Fannin, DO has appointed Heather Phipps, DO to the Board of Governors as a Trustee from District V, which encompasses Benton, Franklin, Walla Walla, Columbia, Douglas, Grant, Ferry Stevens, Asotin, Pend Oreille, Lincoln, Spokane, Adams and Whitman Counties.

Dr. Phipps graduated from Ohio University College of Osteopathic Medicine in 1998. She completed an internship at Doctors Hospital in Columbus, OH and a residency in orthopedic surgery at the University of Medicine and Dentistry New Jersey. She is certified by the American Osteopathic Board of Orthopedic Surgery. Her practice is at Benton Franklin Orthopedic Associates in Kennewick

Dr. Phipps has been active in precepting PNWU and other students in her Benton Franklin Orthopedic Associates office in Kennewick. She recently completed four years of service at Kennewick General Hospital as the chief of surgery and had served as a board member with the Benton Franklin County Medical Society. She currently serves as Assistant Secretary/Treasurer on the Board at Pacific NW University of Health Sciences.

ACGME OPC Committee

The AOA has announced that Juan Acosta, DO of Yakima is one of thirteen candidates for the Osteopathic Principles Committee submitted to the ACGME board. Dr. Acosta is an emergency medicine physician who also serves as Assistant Dean for Postdoctoral Education, Regional Academic Officer OPTI-West, and Associate Professor at PNWU.

The candidates were approved pending final approval of the ACGME bylaws changes to create the Osteopathic Principles Committee (OPC). The OPC is responsible for development of standards to recognize training programs as osteopathic-focused as well as establishment of the knowledge and skill prerequisites for trainee entry into an osteopathic-focused program. The final approval of the bylaws change is anticipated in November or December with the OPC formally established on January 1, 2015.

ACGME Board Appointments

Karen J. Nichols, DO, and David A. Forstein, DO, have been elected to serve on the Accreditation Council for Graduate Medical Education's (ACGME) Board of Directors as representatives of the AOA. Their terms begin Jan. 1, 2015, and run through September 2017. Their first ACGME Board of Directors meeting will be Feb. 5-9, 2015. Dr. Nichols, a past president of AOA, is dean of Midwestern University/Chicago College of Osteopathic Medicine. She is a graduate of Kansas City University of Medicine and Biosciences—College of Osteopathic Medicine. Dr. Forstein is a reproductive endocrinologist practicing in Greenville, South Carolina. He is a graduate of the Philadelphia College of Osteopathic Medicine.



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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.

Notice of Meetings

Saturday, December 6, 2014

WOF Board

1:00 p.m.

WOMA Board

1:30 p.m.

WOMA Office

4700 42nd SW

Suite 530

Seattle, WA 98116

(5th Floor, Jefferson Square Office Building)

WOMA Welcomes New Members

At its quarterly meeting held September 27, 2014, the Board of Governors approved the following applications for membership:

Active

Erica Moyer, DO, AZCOM'04

Allied

Celia Freeman, CME Director, PNWU

Postgraduate

Kira Bendixen, DO TU-CA'14

Sunil Bhat, DO TU-CA'14

Dion Booras, DO PMWU'14

Annagreta Bowen, DO DMU'14

Miranda Eiseman, DO PNWU'13

Jonathan Frazier, DO PNWU'14

Ashley Girdler, DO PNWU'14

Nafiseh Haghgoo, DO ATSU-SOMA'14

Jesse Klebba, DO MSU'14

Helan Lee-Garrard, DO ONWU'14

Andrea May, DO ATSU-SOMA'14

Chelsey Miller, DOPNWU'13

Tara Nair, DO PNWU'14

Fumi Naughton, DO ATSU-SOMA'14

Thanh-Truc Nguyen, DO PNWU'14

Brooke Parker, DO PNWU'14

Devon Stevens, DO PNWU'13

Elizabeth Stewart, DO COMP'14

Student

Rebecca Adams PNWU'18

Haris Ahmad PNWU'18

Janet Blasko ATSU-SOMA'16

Kristina Bowen PNWU'18

Cassandra Czarnetzke PNWU'18

Danielle Hanssen PNWU'18

Aleksandra Kardesheva ATSU-SOMA'16

Mary Kelley PNWU'18

Hyun Kim PNWU'18

Stephen Remick PNWU'18

Jessica Sallstrom ATSU-SOMA'17

Caroline Wade PNWU'18

Kim Ha Wadsworth PNWU'18

Kimbertlee Wing Quan PNWU'18

David Yecha PNWU'18

Getting to Know You

WOMA is pleased to welcome new active member **Erica Moyer, DO**. She is a 2009 graduate of the Midwestern University Arizona College of Osteopathic Medicine. She completed her training at Phoenix Baptist Family Medicine Residency. Dr. Moyer provides family medicine care at the Toppenish Medical Dental Clinic, a member of the Yakima Valley Farm Workers Clinic organization.

PNWU Sponsors Vaccine Clinic



PNWU Vaccine Clinic at OMED in the Seattle Convention Center

On October 26 & 27, PNWU students administered over 800 vaccines in their clinic at OMED in Seattle. WOMA members **Adam Hoverman, DO**, **David Escobar, DO** and **Rebecca Locke, DO** helped to supervise the following students who worked the clinic: **Ben Benitez, Megha Patel, Ryan Starr, Natasha D'Souza, Anna Kenney, Vy Nguyen, Ethan Berg, Stacey Rittmueller, Erik Arnits, Asra Mazhar,**

Alainna Simpson, Dustin Brown, Allyne Delossantos, Hillary Baer, Hong Nguyen, Jamelle Ausloos, Jackelin Tran, Katheryn Alfonso, Erika Bjorklund, Mari Hammerquist, Shirin Fazel-Hashemi and Vihangi Hindagolla.

The remaining unused vaccines were welcomed as a donation to Country Doctor Clinic in Capital Hill.

DOH Opposes ND Prescriptive Authority Expansion

In its draft review released last month, the Department of Health (DOH) indicated it did not support the proposal to expand the prescriptive authority of Naturopaths to include all Schedule II-V controlled substances because:

- 1)The applicant has not proven the current prescriptive authority is inadequate or problematic.
- 2)The applicant's proposal does not provide evidence of the disruption of continuity and coordination of care for naturopathic patients that were suggested in the applicant report.
- 3)Full prescriptive authority is not necessary for NDs to practice as primary care physicians under Medicaid.
- 4)Referrals for controlled substances are necessary to ensure the most qualified health care professionals are prescribing these substances, which are controlled because of their significant risks to public health due to overdose, abuse and misuse.
- 5)The applicant has not shown NDs receive adequate education in clinical pharmacotherapy of prescribing opioid, antianxiety, sedative, hypnotics, and amphetamine substances to treat various disease states to safely prescribe controlled substances. The desire to add eight hours of additional education and 10 hours of continuing education is not sufficient to overcome the deficiencies.
- 6)The department does not see a need to increase access to prescription opioid pain medications that are included in this proposal because:
- 7)Prescription opioid related overdoses and deaths have reached epidemic levels.

AOA President and NBOME Chair Visit PNWU

American Osteopathic Association President (AOA), Dr. Robert Juhasz and National Board of Osteopathic Medical Examiners (NBOME) Chair, Dr. Wayne Carlson visited Pacific Northwest University of Health Sciences (PNWU) on October 29th. Dr. Juhasz and Dr. Carlsen enjoyed lunch with the PNWU student body and spoke expressively on current topics in the osteopathic profession.

8)Data has shown a correlation between the rise in overdose deaths and states that have expanded the use of prescription opioids.

9)The U.S. Drug Enforcement Administration (DEA) on August 22, 2014, announced final rules reclassifying hydrocodone combination products, such as Vicodin, from a Schedule III to Schedule II controlled substance, including tighter restrictions on prescribing these products, citing the "substantial evidence of potential abuse."

10)The state is currently engaged in intensive and effective efforts to curb the overuse of opioids in Washington. Granting broader prescribing authority for controlled substances is contrary to these efforts.

WOMA provided written testimony against the proposed expansion of ND prescriptive authority citing inadequate training in pharmacology as a primary concern.

The process allowed rebuttal comments to be submitted until October 6th. They will be incorporated into the report and submit it to the Secretary of Health for approval. Once the Secretary approves the report, it is submitted to the Office of Financial Management for approval to be released to the legislature. OFM provides fiscal and policy support to the governor, legislature and state agencies. It will be released to the legislature prior to the legislative session, and will be posted to the DOH website once the legislature receives it. It will then be up to the Legislature to decide if they want to pursue enhanced prescriptive authority for NDs.

Dr. Carlsen discussed the latest in certification and continuing professional development opportunities. Dr. Juhasz presented the latest on Continuing Medical Education and the future of the profession. After a tour of campus, Dr. Juhasz provided helpful instructions for students in the Osteopathic Manual Manipulation lab and later that evening met for dinner with student leaders and PNWU staff.

Dr. Cote Honored



William D Strampel, DO, Dean of MSUCOM and Dr. Cote's tending during his Internal Medicine residency, presents Dr. Cote with the award.

At its annual Gala held during OMED in Seattle, the Northwest Osteopathic Medical Foundation honored **Marc Cote, DO** with their Founders Exceptional Accomplishment Award, which honors an individual whose achievements and contributions to the health of our community/communities are exemplary.

Dr. Cote is Immediate Past President of WOMA and currently serves as Department Chair, Clinical Medicine; Division Chief, Internal Medicine Associate Professor at PNWU.

AOA Specialty CME Update

Current AOA CME policy limits the number of specialty credits earned at WOMA and other state society Category 1-A programs to 25 per CME cycle. The Bureau of Osteopathic Specialties is recommending that the AOA Board suspend the 25 credit limit rule for the 2013-2015 CME cycle. The AOA Board must vote to accept the recommendation at its February meeting, but it looks positive at this point. It is possible the Executive Committee might vote to implement the suspension at its next meeting on November 21st. Stay tuned...

In Memoriam

Don Woods, DO

Donald Edmund Woods, DO was born in Des Moines, Iowa, in 1937 to Rachel Hodges and John Milton Woods. He had two older brothers, Ronald and John. He grew up on a farm in Indianola, Iowa, graduating from high school there in 1955.

Both parents and both brothers were physicians, so following the family tradition, Don studied pre-medicine at Iowa State University, followed by medical school at the Kirksville College of Osteopathic Medicine. His constant companion in these endeavors was his high school sweetheart, Gail Morgan. They married in 1957, and during his internship in Grand Junction, CO, they had a son, David. The family moved to Grandview, WA to set up a private practice, and they added a daughter, Margaret.

Apart from treating his patients, Don's great talent was in the cockpit of an airplane. Combining his talents for medicine and aviation, he made numerous medical missions to Mexico and Central America. As his faith in God grew to become his abiding passion, he became involved in Christian mission work in a variety of places in Africa,

Asia, and Europe. Whether baling hay and going on long-haul truck journeys or learning Hebrew and climbing mountains, Don was always curious and interested in helping others.

Dr. Woods was a very active member of the Washington Osteopathic Medical Association, serving as President in 1968-69, at the end of the era of the medical association's attempt to eliminate DOs with an MD degree from an unaccredited medical school. In his usual direct and polite manner, he sent a letter to the WSMA president, offering support of a legislative issue of mutual concern and stated "Viewing...the fact that the Washington College of Physicians failed...I invite you to leave your hands off our members and to request others similarly inclined to do likewise".

In 2004, he began helping to promote the building of eastern Washington's medical school, the Pacific Northwest University of Osteopathic Medicine in Yakima. When the University opened in 2008, Don was able to fulfill his lifelong passion for teaching. Working as a

faculty member was a capstone achievement of his life, and in 2012 his students honored him with a "Person I Most Wish to Emulate" award. He loved his students very much and was honored to pass on his knowledge of osteopathic manipulation to them.

Four years ago he was diagnosed with multiple myeloma. He faced the obstacles of that disease with the utmost faith in his Savior, steadfastly aware that miracles happen but that the Lord might be calling him home. Either was fine with Don. He is survived by his loving and devoted wife, Gail, his son, David, his daughter, Margaret, and her husband, Richard Cummins, and their children, Eleanor and Isaac.

A Celebration of Don's life will be held at City Church located at 4624 W. 10th Avenue in Kennewick, WA. 99336 on Saturday, November 15, at 2 pm and on Saturday, November 22 at 10 am at the Pacific NW University of Health Sciences Butler Haney Hall, 200 University Parkway, Yakima, 98901. In lieu of flowers, please consider a donation to the Donald E. Woods OPP Fund at Pacific Northwest University.

Robert Suchert, DO

Robert E. Suchert, D.O. passed away on October 9th, 2014 at Swedish Stevens Hospital, Edmonds. Dr. Bob was a Charter Fellow of the International College Of General Practice, a member of the American Osteopathic Medical Association (A.O.A.) and American Osteopathic Board of Family Physicians. Former Secretary WOMA, former staff member & house doctor of Waldo General Hospital, part-time staff member of Northwest Hospital, and retired member of Stevens Hospital, Edmonds.

As a youth, Bob he enjoyed accompanying Doc Rusk, the local family doctor, during his daily rounds to see patients in the county on Doc's buggy and Model T Ford. This experience kindled his ambition to someday become a physician. After graduating from Tremont High School in 1946, he then went on to the University of Illinois, Champaign, IL

and soon transferred to the University of Washington, Seattle.

In 1952, he graduated from the UW, with a bachelors degree in zoology. Since it was the Korean War he was drafted into the Army. Due to his good knowledge of German he was stationed with the U.S. Army Medical Corps, Second Armored Division in Mainz-Gonsenheim and Baumholder-Idar Oberstein, West Germany. While attending a course at the Engineering school at Murnau, Bavaria, he met his wife of sixty-seven years, Edeltraud Olga Dorda.

After his discharge in September 1954, he returned to the United States intending to enroll in medical school. Since the University Of Washington Medical School enrollment was closed at that time, he earned a bachelors degree in public health, graduating in December of 1955. Then in 1956 he accepted a job at the Philadelphia Public Health Department. In 1959 Bob entered the Philadelphia College of

Osteopathic Medicine from which he received his Doctorate of Osteopathic Medicine and Surgery on June 9th, 1963. He became a family physician after his internship at Waldo General Hospital, Seattle in 1963 and 1964. Dr. Suchert practiced in Edmonds for 50 years, opening his practice in November of 1964 at 5 Corners Clinic, Edmonds, then moving to downtown Edmonds in 1999.

He is survived by Edeltraud Olga Suchert, his wife of 67 years, daughter Roberta Lynn Robin Suchert, son Randall Scott Suchert, grandson Robert William Suchert-Mitchell, numerous cousins in Illinois, Utah, & California. His eldest son Robert Phillip Suchert preceded him in death in 2007.

Remembrances can be made to Pacific Northwest University Of Health Sciences, College Of Osteopathic Medicine, (PNWU - COM) 111 University Parkway, Suite 202, Yakima, WA 98901 or to a charity of your choice.

In Memoriam Margaret Agner

Margaret was born to Jessie and Amos Burchett on March 21, 1950. She was a premature infant born prior to the existence of intensive care newborn nurseries. She was discharged from the hospital to the care of her parents with the expectation that she would die at home within a few days. Her presence on earth is a tribute to the love, devotion, and hard work of her mother and 2 older sisters.

Following graduation from high school, Margaret enlisted in The United States Marine Corps to secure funds to continue her education. In an era when service women were little more than secretaries in uniform, her superiors recognized her intellect and love of puzzles. She received training in communications and the latest computer technology available to the Marine Corps. She was then assigned to the communications center at Camp Pendleton, California, where she stood 12 hour watches locked in a vault with room size IBM computers. She was later responsible for developing and implementing encryption codes used throughout the Marine Corps to secure communications during the Vietnam War.

Having received an honorable discharge for military service, Margaret used her G.I. education benefits to study elementary education at Oregon State University. Her college education was interrupted by a proposal of marriage by Harold Agner. They were married in San Francisco, California. As the wife of a

navy medical officer, she endured separations, family relocations, and his hazardous duty assignments with patience and determination. Seven children were born during more than a decade of active military service at bases along both coasts of the continental U.S. Her own plans for further education were postponed so that she could raise their children. She was often heard to say that her children "were her greatest joy, the loves of her life". She endeavored to promote their education, develop the talents of each, and treat each child as if they were "her favorite".

Margaret, a full blood Native American, possessed a deep faith in God. She and Harold joined the Church of Jesus Christ of Latter Day Saints and she was involved in church and school activities. During his years of internship and residency, Harold spent every third night away from home. Margaret would often bring their children and a home cooked meal that they could share in the evening. She continued this tradition, even as the family grew, when he later stood duty at shore based medical treatment facilities.

Margaret served on the Washington Osteopathic Foundation (WOF) Board, whose mission is to support osteopathic medical education and training in Washington State. She used her considerable talents to create and craft hundreds of handmade "one of a kind" articles that were sold at WOMA's annual convention auction

to provide WOF funds for the next generation of osteopathic medical students.

With the injury of her son-in-law by an IED in Iraq, Margaret devoted months away from home to supporting her daughter's caring for her sons and wounded husband. While attending medical appointments, she became aware that The Wounded Warrior Program at Brook Army Medical Center was experiencing a significant suicide rate due to depression, hopelessness, and loss of body image. She developed and implemented a program through crafting which improved self-esteem, developed confidence, and reduced the rate of suicide during the 4 years her son-in-law was a patient. As a result of awareness to needs raised by Margaret, her ward Relief Society provided lap blankets to wheel chair bound soldiers, marines, and airmen injured in the conflict. In the years following, members of her ward have continued to collect and provide items to our wounded service members.

Keeping in touch with children and being a "good" grandma to 15 grandchildren who live in four states occupied much of her attention. She loved being a grandma to all her grandchildren She called it "The best job I have ever had."

For those wishing to remember Margaret with a charitable donation, her favorite charities include the Washington Osteopathic Foundation and the St. Joseph Indian School.

Public Affairs Welcomes New Members

President Scott Fannin, DO is pleased to announce the appointment of two new members to the WOMA Department of Public Affairs.

Kathleen (Katy) Farrell, DO is a 2002 graduate of the Arizona College of Osteopathic Medicine.

She did her internship at Central Washington Family Medicine and completed her residency in family medicine at St. James Hospital, Olympia Fields, IL in 2005.

Dr. Farrell is in Family Practice at Jamestown Family Health Clinic, a

Federally Qualified Health Center run by the Jamestown Sklallam Tribe.

Rebecca Locke, DO graduated from Lake Erie College of Osteopathic Medicine in 2008 and completed her residency at Southern Colorado Family Medicine Residency in 2011. She is one of two DOs in family practice at Columbia Basin Health Association in the small rural farm community of Othello.

The Department of Public Affairs meets with the Executive Committee in months there is no Board of Governors meeting, to conduct business. It has two Committees,

Legal/Legislative, which oversees legislative and legal matters brought to the attention of the board; and the Public and Interprofessional Affairs Committee, which develops public relations projects for consideration by the board of governors. It also serves as a liaison to other health care professions.

There is currently a vacancy for an at-large member on the Department. If you are interested, please contact Kathie Itter, Executive Director at (206) 937-5358 or kitter@woma.org.

Free Clinic for Homeless During OMED

In conjunction with OMED in Seattle on October 24th, the National Osteopathic Medical Association (NOMA) provided its tenth annual Health Fair for the Homeless. Over 100 osteopathic medical students participated in this event which took place in two locations.

The morning clinic was for men, from 9:00 a.m. to 1:00 p.m. at the Union Gospel mission on 2nd Avenue. The afternoon clinic was for women, from 2:00 p.m. to 5:00 p.m. at Hope Place on South Othello.

In order to provide the services, Washington licensed DOs were needed to supervise the students. Therese Stokan, DO and WOMA members **Lindy Griffin, DO** and **Mischa Coleman, DO** stepped up to help. The Project Manager was Darrell Lynn Grace, DO, who is in the practice of internal medicine in Youngstown, Ohio.

The National Osteopathic Medical Association (NOMA) was founded in

1992 by Dr. William Anderson, the first and only African American to serve as president of the American Osteopathic Association (AOA). He worked with a group of minority physicians meeting annually at the AOA convention in San Diego, California. Prior to inception as AOA president, an informal group had existed for a number of years as the Black Caucus, with members coming primarily from Michigan and Illinois.

The group who met in San Diego recognized the need to become a formal organization in order to provide leadership and to improve the representation of minority osteopathic physicians at all levels within the osteopathic profession; to heighten awareness of the osteopathic profession in the minority community; and to provide mentors to osteopathic medical students. By-laws for the organization were adopted at a meeting in Boston during the 1993



Micha Coleman, DO treats a patient at the clinic with OMT as students look on.

AOA Convention. Dr. Barbara Ross-Lee, the first African American female Dean of a medical school, served as this organizations first president.

WOMA Requests Legislation

When the Board of Osteopathic Medicine and Surgery was created in 1979 there were 449 DOs licensed in Washington State. Today that number has more than tripled, yet the number of board members remains at seven, six DOs and 1 public member Board members serve as case managers for complaints and serve on three-member panels for hearings. The increase in licensees, and therefore complaints, continues to grow and must be absorbed by the board members. This sometimes creates difficulties or delays in scheduling panels and hearings because all of the DO board members have busy practices.

In an effort to alleviate the workload on the board members and

free up schedules, WOMA has requested legislation to increase the number of board members to eleven, adding two DOs, a public member and a physician assistant. Chairs of both Senate and House Healthcare Committees have agreed to sponsor a bill in the next session and don't anticipate any opposition. Once approved, the increase will most likely take place on July 1, 2015. More applicants will be needed. Applicants must have practiced in Washington a minimum of five years before they can be appointed. For more information about applying for a board appointment, go to <http://www.governor.wa.gov/boards/application/>.

WOF Contributions

The Washington Osteopathic Foundation (WOF) is grateful to the following contributors:

Vincent Koike, DO

Steven Leifheit, DO in memory of Margaret Agner

Karen Rockwell in memory of Margaret Agner

WOF provides loans to osteopathic medical students who commit to practicing in Washington upon completion of their training for a low interest rate with lenient payback terms. WOF also provides small scholarships based on need and/or community service and support for WOMA CME programs.

Contributions and auction proceeds now exceed \$14,000 for the year. If you would like to make a tax-deductible contribution, a form is included on the last page of this newsletter. Contributions may be made in honor of someone living or in memory of someone who has passed. Contributions will be acknowledged in the next edition of The Washington DO Newsletter.

WOMA Spring Seminar

Suicide Assessment, Treatment and Management

Saturday, March 21, 2015

Pacific NW University of Health Sciences Butler Haney Hall

Yakima, WA

and Real Time Live Stream

Approved by the Board of Osteopathic Medicine and Surgery to meet New CME Licensing Requirements

WOMA Spring Seminar

WOMA's Spring Seminar will provide 8 hours of AOA Category 1-A CME on the topic of Suicide Assessment, Treatment and Management. It is scheduled for Saturday, March 21, 2015 at PNWU in Yakima and designed to meet the new State licensing CME requirement. The plan includes livestreaming so that those unable to travel to Yakima may attend using their computers in real time and earn the 1-A credits.

In 2014 with the passage of ESHB 2315, the Matt Adler Suicide Risk Assessment, Treatment and Management Act was expanded to include the requirement of a one-time, six hour training in suicide risk assessment, treatment and management as a licensure requirement for medical professionals, including osteopathic physicians. The wording of ESHB 2315 legislation may be found here: <http://apps.leg.wa.gov/documents/billdocs/2013-14/Pdf/Amendments/Senate/2315-S.E%20AMS%20HLTH%20S4696.3.pdf>.

ESHB 2315 specifies that, "Training in suicide assessment, treatment, and management means empirically supported training approved by the appropriate disciplining authority that contains the following elements: Suicide assessment, including screening and referral, suicide treatment, and suicide management." The legislation further states that the

Washington State Secretary of Health will work with disciplining boards to establish a model list of training programs and consider programs listed on the American Foundation for Suicide Prevention and Suicide Prevention Resource Center (SPRC) Best Practices Registry and training content specific to veterans in developing the model list.

At its meeting on July 25th, the Board of Osteopathic Medicine and Surgery approved WOMA's learning objectives, which include:

A) Identify and utilize structured clinical tools to screen, evaluate and document suicide risk

B) Identify medications and known combinations of medications as well as diagnoses that can contribute to an individual's risk of suicide

C) Describe risk factors, protective factors and warning signs associated with suicide risk

D) Discuss barriers to effective suicide risk assessment and management and consider potential interventions that may help to diminish these barriers

E) Describe and understand the issues that cause specific cultural groups (Military/Veterans, Pediatrics/Adolescents, Native Americans, Lesbian/Gay/Transgender/Bisexual, Elderly and Physicians) to have unique risks of suicide and appropriate alternative screening, assessment and management strategies

F) Develop a structured clinical collaboration within each physician's particular clinical setting for referral and crisis response for individuals assessed to be at risk for suicide

G) Plan an administrative and clinical response to completed suicide for involved clinicians, staff as well as family members of the victim.

H) Write a letter to their State Representative to engage and educate the representatives to actively solve the problems faced by clinicians in Washington State when a patient is assessed to be at risk of suicide, but there is not an adequate therapeutic structure available for a timely response.

The seminar will include information about attitudes and approach towards working with suicidal patients; knowledge about suicide - including review of risk factors, protective factors and warning signs; suicide risk assessment with recommended questions for screening and assessment; review of barriers to assessment and recommendations for addressing these; suicide risk management with review of evidence-based interventions and best practices based on these; treatment of suicide risk with review of medication treatments that have been studied in regard to suicide risk and review of evidence-based psychological theories of suicide and treatments based on these.

Survey Indicates Small Primary Care Physician Practices Have Low Rates of Preventable Hospital Admissions

The August 2014 issue of Health Affairs included an abstract stating that small primary care physician practices have low rates of preventable hospital admissions. It stated that nearly two-thirds of US office-based physicians work in practices of fewer than seven physicians. And though it is often assumed that larger practices provide better care, there is little evidence for or against this assumption. The article asked "What is the relationship between practice size—and other practice characteristics, such as ownership or use of medical home processes—and the quality of care?" The authors conducted a national survey of 1,045 primary care-based practices with nineteen or fewer physicians to determine practice characteristics. They used Medicare

data to calculate practices' rate of potentially preventable hospital admissions (ambulatory care-sensitive admissions). Their survey results indicated that, practices with 1–2 physicians had 33 percent fewer preventable admissions compared to practices with 10–19 physicians, and practices with 3–9 physicians had 27 percent fewer. Survey results also indicated that physician-owned practices had fewer preventable admissions than hospital-owned practices. The abstract went on to say that in an era when health care reform appears to be driving physicians into larger organizations, it is important to measure the comparative performance of practices of all sizes, to learn more about how small practices provide patient care, and to

learn more about the types of organizational structures—such as independent practice associations—that may make it possible for small practices to share resources that are useful for improving the quality of care.

Health Affairs is the leading journal of health policy thought and research. The peer-reviewed journal was founded in 1981 under the aegis of Project HOPE, a nonprofit international health education organization. Health Affairs explores health policy issues of current concern in domestic and international spheres. Its mission is to serve as a high-level, nonpartisan forum to promote analysis and discussion on improving health and health care, and to address such issues as cost, quality, and access. For more information, go to <http://www.healthaffairs.org/>.

PMP Rules Review

The Prescription Monitoring Program (PMP) is going through a rules review process as required by Substitute Senate Bill (SSB) 5679. The bill requires the Department of Health to establish a formal review process to review all rules at regular intervals. The goals of the review are based on two things: (1) Responding to the goals within SSB 5679 (Chapter 30, 2013 Laws 2nd Special Session) which are to decrease the numbers of rules, simplify the rulemaking process, and decrease the time required for obtaining licenses, permits, and inspections, as applicable, in order to reduce the regulatory burden on businesses without compromising public health and safety; and (2) Providing clear, concise and reasonable rules that are clearly needed and are coordinated, to the extent possible, with stakeholders.

To review the PMP Rules (chapter 246-470 WAC) please go to <http://app.leg.wa.gov/wac/default.aspx?cite=246-470>. Based on experience so far, the program is considering the exploration of revisions in the following areas:

Frequency of data collection (WAC 246-470-030): With the connection to electronic health record systems and use by the Emergency Department Information Exchange we would like to examine the possibility of providing data that is more up to date.

The PDMP TTAC reports (<http://www.pdmpassist.org/content/pdmp-data-collection-frequency>) that 12 states require daily reporting currently and at recent meetings it appears more are headed this direction.

The PDMP Center of Excellence recommends increasing frequency of data collection as one of the best practices for PDMPs. - http://www.pdmpexcellence.org/sites/all/pdfs/Brandeis_PDMP_Report.pdf.

We also had our Injury and Violence Prevention (IVP) Program assessed by the State Technical Assessment Team (STAT) Program. Some PMP related recommendations came out of their assessment including increasing reporting frequency.

Clarification on zero reporting (WAC 246-470-030): Currently dispensers report zero if no controlled drugs were dispensed during the reporting period. Our rules currently do not provide guidance in this area and we would like to explore the possibility of language to assist with this.

Better Patient Identification (WAC 246-470-030): One of the significant challenges we have had with running an efficient system is having to cluster patient records together from pharmacies entering patient information differently. We would like to potentially explore ways to ensure data is entered more uniformly.

Adding Data Fields (WAC 246-470-030): We would like to explore potentially adding other data fields that would help enhance the system. For example we currently do not require NPI to be provided and have found it difficult to assist Medicaid with their use of the system as they track providers by NPI and not DEA number.

The PDMP TTAC has a guide for additional fields to consider: http://www.pdmpassist.org/pdf/TAG_Additional_Data_Fields_FINAL.pdf

Parent/Guardian Access (WAC 246-470-040): Our rules currently do not clearly outline access to patient information for parent/guardian scenarios. We would like to possibly consider clarifying language in this section.

Delegates for Pharmacists (WAC 246-470-050): Our rules currently do not allow a pharmacist to delegate querying to a Pharmacy Technician or other credentialed pharmacy staff. We would like to explore the possibility of adding this ability.

Department of Health Rule Review Questions:

1. Need – is there a need for this rule?
2. Reasonable and Clear – is this rule clear, concise and reasonable?
3. Authority and Intent – Does the rule have statutory authority or meet the legislative intent?
4. Stakeholder Coordination – How was the review coordinated?
5. Streamlining Identified – Can this rule be streamlined? Or are there

other streamlining opportunities available?

6. Reporting Requirements - Does the rule require individuals or entities to report information to the department?

7. Achieved Intended Results - Does the rule achieve the results originally intended?

8. Staff Conclusions – Repeal/Retain without changes/Amend?

9. Barriers - Does the rule or related processes create barriers to individuals/entities seeking to become licensed or to renew their license (not including acceptance of military health care occupation training or experience)?

10. DOH/Government Coordination - Was review of this rule coordinated with other HSQA professions or offices, other DOH programs, or other public agencies or governments (state, county, local, or tribal)?

11. Cultural Competency - Does the rule present a barrier to promoting cultural competency?

12. Petitions - Was the rule reviewed or revised as a result of a rule-making petition?

Providing Comments: Please send any comments/questions you have for this rule review (including ideas for amendments) by December 5 to prescriptionmonitoring@doh.wa.gov or you can call us at 360.236.4806.

At the November 7th meeting of the Board of Osteopathic Medicine and Surgery, Chris Baumgartner, Program Director, reported that 36% of osteopathic physicians are currently enrolled in the PMP. Key Benefits for Prescribers/Pharmacists include the ability to: 1) Access the prescription history of a current or a new patient; 2) check for addiction or undertreated pain; 3) check for misuse, multiple prescribers (coordinate care); 4) check for drug interactions or other harm; and 5) use reports for compliance with treatment contracts. In addition, prescribers may check the prescription history of their own DEA numbers for fraudulent scripts. At some point the State may require PMP enrollment as a condition of licensure.



ATTENTION: PRIMARY CARE PROVIDERS

REQUEST FOR INPUT ON STATE ALZHEIMER'S PLAN

The Washington State Alzheimer's Disease Working Group needs your help!

The Alzheimer's Disease Working Group (ADWG), formed through recent legislation ([SSB 6124](#)), is developing a state plan to address Alzheimer's disease.

The ADWG wants to make recommendations that help not only our citizens impacted by Alzheimer's or other dementias, but that will help health care providers on the front lines to do their jobs. We are seeking feedback on challenges and practices around cognitive screening, assessment and diagnosis of Alzheimer's disease or related dementias – your input will help to frame strategies and recommendations in the plan.

You can help by completing a brief survey or by sharing the survey link with other primary health care providers to complete. All responses on the survey are anonymous.

Who do we want to hear from? Our target audience is:

- Physicians
- Naturopaths
- Osteopaths
- ARNP/Nurse Practitioners
- Physician assistants
- Psychologists
- Nurses

Alzheimer's Disease Working Group

Developing a State Alzheimer's Plan

For more information, go to:

[http://www.altsa.dshs.wa.gov/
stakeholders/ad/](http://www.altsa.dshs.wa.gov/stakeholders/ad/)

Or email: Lynne.Korte@dshs.wa.gov

Take action today! Pass news of the survey on to others in the above target audience, and/or respond to the survey yourself!

For direct link to survey:

<https://www.surveymonkey.com/s/PriCareALZHEIMER>



D.O. Day in Olympia

Friday, February 6, 2015

Beginning at 9:15 a.m.

Columbia Room

Legislative Building

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

The day will start at 9:15 a.m. with everyone assembling for instructions on the 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 3:00 p.m. Please complete this registration form and fax or mail it to WOMA by **Friday, January 15th** to allow time to schedule appointments. **If you are a PNWU student, please submit your form to student services.** 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 _____

I am not registered to vote in Washington

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 6th

Return by January 15, 2015

DO Day in Olympia Friday, February 6, 2015

Agenda

- 9:15 a.m. Arrive in Olympia
Meet at **Columbia Room**, first floor of the **Legislative Building**
Instructions for discussion issues
- 9:30 a.m. Meetings with individual legislators
Deliver materials to legislators without appointments
Blood pressure check stations, OMM demonstrations in Columbia Room
- 11:45 to 12:45 Lunch in Columbia Room
Box Lunch with Representatives and Senators
- 1:00 p.m. Meetings with individual legislators
Deliver materials to legislators without appointments
Blood pressure check stations, OMM demonstrations in Columbia Room
- 2:30 p.m. Restore room to original condition
3:00 p.m. Leave Olympia
(Depending on availability, appointments may have to be made during lunch)

Your appointments, usually about 10 minutes, will each be in one of four buildings within a block of each other:

Legislative Building (the Dome) (LEG)
John A Cherberg Building (JAC)
Irving Newhouse Building (INB)
John L O'Brien Bldg (JLOB)

What you should bring to Olympia

1. Dress for DO Day is Professional – this is a business meeting. Please keep in mind that you will be doing a lot of walking, so be sure you wear comfortable shoes and clothing. Students should wear their white coats and ID badges.
2. Bring business cards, if you have them. They are not required.
3. A pad and pen for notes.

Supplies Needed

blood pressure cuffs (different sizes)
An OMM Portable Table

PROP Raises Concerns over FSMB Revised Opioid Policy

In a March 29, 2013 letter to the Federation of State Medical Boards (FSMB), Andrew Kolodny, MD, President of the Physicians for Responsible Opioid Prescribing (PROP), reported that over the last decade a four-fold increase in prescribing of opioid analgesics for Chronic Non Cancer Pain (CNCP) has been associated with a four-fold increase in opioid-related overdose deaths and a six-fold increase in individuals seeking treatment for addiction to opioid analgesics. The letter states that the growth in prescribing that caused (and continues to fuel) this epidemic was largely driven by an industry-funded campaign to encourage opioid prescribing for CNCP. The campaign minimized risks and exaggerated benefits of long-term opioid use. An increasing body of literature now suggests that long-term opioid use is neither safe nor effective for many patients with CNCP.

FSMB played a unique role in the campaign to encourage opioid prescribing for CNCP in 1997. FSMB began collaborating with opioid advocacy organizations to promote opioid use for CNCP. Together they produced the first model policy. Like the current version, it encourages the use of opioids for CNCP and wrongly suggested that opioids were underprescribed because of inappropriate fear of addiction.

In 2004 the FSMB revised the 1997 Model Policy. Despite sharp increases in opioid prescribing that had occurred between 1997 and 2004, the 2004 Model Policy continued to suggest that opioids were being underprescribed for CNCP. In addition, the 2004 Model Policy went further, stating that medical boards should consider "undertreatment of pain" to be a "departure from an acceptable standard of practice", suggesting that state medical boards should sanction physicians for not treating CNCP with opioids.

In February 2012, the Milwaukee Journal Sentinel (MJS) published a

story about FSMB's financial relationships with opioid manufacturers and their role promoting aggressive opioid prescribing. In May 2012, prompted by the MJS article, FSMB was included in a US Senate investigation of financial relationships between organizations promoting opioid use and drug companies. Last December, a front page Wall Street Journal article also discussed FSMB's role in the opioid epidemic.

FSMB's revised Model Policy bears a striking resemblance to the previous version. It retains the same statements and misinformation that have been publicly criticized by health officers and medical experts. For example, the Model Policy continues to state and/or imply the following:

Opioid use for CNCP should be encouraged

Opioids are safe and effective for CNCP

Risk of Addiction is relatively low unless the patient has additional risk factors

Physicians should be sanctioned for "nontreatment" or "undertreatment" with opioids

Pain patients that attribute aberrant drug use behavior to worsening pain may be suffering from "pseudoaddiction" and should have their dose increased.

PROP's concerns are not limited to misinformation contained in the Model Policy that might encourage overprescribing and they are equally troubled by evidence-based content that is absent from the Model Policy. Over the past few years expert opinion reflected in multiple editorials and leading medical journals is that a substantially more cautious stance toward opioid prescribing for CNCP is now needed. These concerns have prompted the CDC as well as state and city health departments to ask clinicians to reserve opioids as a last resort when alternative options have failed and to keep opioid doses under 100mg morphine equivalents.

The following important information that would promote cautious and responsible opioid use is absent from the FSMB Model Policy:

1) Opioids should be reserved for CNCP patients that have failed safer options

2) Evidence of long-term safety and effectiveness is lacking

3) Opioids may worsen the pain in some patients, a condition known as hyperalgesia

4) High doses of opioids (>100mg MED) are associated with increased risk of overdose death and other serious adverse effects

5) Addiction in CNCP patients is not uncommon

6) Discontinuing long-term opioid therapy can be difficult, even in patients that are not addicted

7) Prescribing opioids in common with benzodiazepines is especially dangerous

With the exception of a few new paragraphs encouraging closer monitoring of pain patients, the new Model Policy is nearly identical to the widely criticized 2004 version. It continues to encourage physicians to prescribe a treatment that experts believe is harming many pain patients and is fueling an epidemic of addiction and overdose deaths.

Dr. Kolodny's letter continued that as agencies charged with protecting the public from reckless and risky medical practices, state medical boards are in a unique position to help reduce opioid overprescribing and that the FSMB should be offering them practical guidance on addressing the problem. He asked boards to let the FSMB know that the policy requires substantial changes.

The letter was brought to the attention of the Board of Osteopathic Medicine and Surgery on November 7th by Gary Franklin, MD. The Board expressed interest and has requested the topic to be included on their January 23rd meeting agenda.



Bear Droppings...

by Loren H. Rex, D.O.

Well here it is - number 100. Twenty-five years ago when Kathie asked if I would write a column for the newsletter, it never occurred to me there might be more than one and certainly not 100. Last time, we were exploring the wonders of the party line as a way for disseminating information in rural Missouri. In high school, I lived in a house without any useful phone at all. I had a phone, in fact a dial phone but it only hooked up to the phone hooked up to the like dial phone in our café. In other words, can you say an intercom system? This may, in part, account for the fact that I still have never purchased a cell phone but I am fixing to, so that I have one, probably with a dead battery, in the car.

This needs a bit of explaining. The Lathrop Telephone Company was owned by a lawyer named Pross T. Cross who ruled with an iron hand. Unfortunately, I don't know what the "T" stood for but one can only hope it was Tross. My oldest step brother had worked for Mr. Cross prior to being drafted, but upon discharge, his horizons had expanded considerably and he left the world of Lathrop for Kansas City and AT&T. Needless to say, this failed to make Mr. Cross happy and he reacted predictably based on prior reactions to anything he didn't like.

This was in the mid-fifties and the approach to settling problems was still somewhat based on frontier justice and opportunity. Since no one actually locked their homes in those days, Mr. Cross did what any self-respecting owner of a public utility, read bully, would have done, he walked into our house, went to the phone and ripped it screws and all from the wall and the matter was settled. I grew up with the memory of four screw holes and a slightly different color of wallpaper, in the shape of a telephone, on the wall. There was no use of trying to complain since he had done this in the past and would do so in the

future. This activity had even come to the attention of the Missouri Public Utilities Commission in the past and they had ruled that Mr. Cross was a fine public servant, good supporter of Democratic causes, and would surely die at some point in history. His son, a judge on the Federal Court of appeals had assured the City of Lathrop that when Mr. Cross when to that big PB X in the sky, the city would be the recipient of the latest in rural telephone systems and in the meantime, learn to live without a telephone. When the awaited event came to pass, his son actually came through on the promise by selling the system to a larger company who built a new, state of the art system. God, it seems, works in strange and mysterious ways.

While today most people cannot imagine life without a phone, in 1957 it wasn't all that much of a problem in rural Missouri. Remember, to even make a long distance call there had to be an Operator(s) to "patch the call through" and make the circuit complete. At the Lathrop Telephone Company that meant Ruby or one of her assistants had to help you. Than meant in my case, I had to go to the telephone office, where there was a public phone booth, with a handful of change and call Ruby, who was about 15 feet away, tell her what I wanted to do and she would start the process. In my case, the phone booth was about 100 yards from my house. Although she had another house, Ruby had a cot in the back room of the office and slept there most of the time. So in reality when Ruby went to bed, so did the phone system. Everyone in town was aware of Ruby's bed time and didn't call and wake up Ruby unless it was an emergency. So in my case, the only time the phone company was a potential problem was when I was coming home after a summer on the Circus. However, in reality, this wasn't really a problem at all. There are some advantages to being a local boy in a town of nine

hundred people. Maybe not many, but some.

When it was time for me to come home, I would find out when the Greyhound bus would arrive at the Kansas City station and then relay the information to Ruby. The system was simplicity itself. I would call Ruby and give her the relevant information and the system would spring, well maybe not spring, into action to insure that I would be met on time. Since we didn't have a phone, Ruby simply took matters into her own hands and completed the call. She would simply shut the "PBX" switchboard down and stroll the hundred yards or so to my house and reverse the actions of her boss Mr. Cross. On arrival, she talked a suitable amount of time to be neighborly and then would relay the message that "Loren will be at the Kansas City bus station at 3 p.m. on Sunday." She would then stroll back to the office, turn the PBX back on and life in Lathrop, from a telephone point of view, returned to normal. Therefore, my standpoint, not too much of a problem.

Although there certainly were many problems in the American society of the fifties, in many ways it seemed life was very good. We were ignoring problems that would explode in the sixties and produce a country we could not imagine at the time. However, the rural America that produced me was a world of opportunity, button down collars on Ivy League shirts and a lot of kids that looked like "Dobie Gillis". It was a good time and place to grow up: guilty as described.

Bear



Washington Osteopathic Foundation Contribution Form

(Please print legibly)

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Donor Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Amount of tax-deductible donation \$ _____

This donation is made (choose one if applicable):

In Honor of _____

In Memory of _____

Please send acknowledgement to _____

Address _____

City, State, Zip _____

Thank you for your tax-deductible donation. The Washington Osteopathic Foundation is recognized by the Internal Revenue Service as a 501 c 3 organization. The tax ID number is 23-7115033.

Check is enclosed

Charge my acontribution of \$ _____ to my Visa MasterCard

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3-digit security code _____ Signature _____

Name on Card _____

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