

Washington D.O.

Fall 2015

4700 42nd SW, Suite 530 / P.O. Box 16486 Seattle, WA 98116-0486
(206) 937-5358 FAX (206) 933-6529 / www.woma.org

Join WOMA and PNWU in Olympia for DO Day

On Tuesday, February 23, 2016, osteopathic physicians and students will converge upon the State Capitol to advocate for the osteopathic profession in Washington State. Last year sixty osteopathic physicians and students, as well as WOMA and PNWU staff and lobbyist David Knutson visited with their legislators in both the Senate and House of Representatives in February to talk about several health care issues on the plates of legislators. We are hoping to double that number on February 23rd.

The day starts with a briefing on the issues that will be discussed and handing out of materials that will be left with each legislator or legislative assistant. Participants who are registered Washington State voters are given brief (ten to fifteen minute) appointments with their legislators. Non-voters accompany the voters on their visits and help distribute materials to legislators who may not have constituents in our group. We also have participants providing free blood pressure checks and OMM demonstrations to the public when not visiting legislators.

Last year's efforts resulted in restoration of funds in the Health Professions Loan Repayment and Scholarship account and establishment of a Family Medicine Education Advisory Board tasked with selecting locations for future postgraduate training programs and funding for those programs. The Advisory Board will be co-chaired by the PNWU and UW medical school Dean designees and will include a WOMA representative. The PNWU designee for co-chairing is Brandon Isaacs, DO and WOMA's representative is Marc Cote, DO. DO Day also included successful advocacy for an appeal process for family members of the mentally ill in the involuntary commitment process when the

New Member Benefit Refinance Your Student Loans and Save

We understand that many of our members are burdened with student loan debt. SoFi, the largest provider of student loan refinancing, may be able to reduce the cost of that debt. The Washington Osteopathic Medical Association has recently partnered with SoFi to help our members refinance their student loan debt at rates lower than federal and/or private options. On average, SoFi Borrowers save around \$14k over the lifetime of their loan, while their D.O. borrowers save almost \$29k. The main benefits include:

Rates: Variable rates as low as 1.90% APR and fixed rates as low as 3.50% APR (with Autopay saving an additional 0.25% off principal).

Simplicity: Consolidate all existing student loans (federal and private) into a single loan with one monthly payment.

No Fees: No origination fees and no prepayment penalties.

Welcome Bonus for Washington Osteopathic Medical Association: WOMA members receive a \$500 Welcome Bonus when they log in to SoFi through the Member Benefits page under the Membership tab at www.woma.org. For assistance contact the WOMA office at 206-937-5358.

SoFi will be hosting two Webinars for Washington Osteopathic Medical Association members on Wednesday, November 4th at 7:00 p.m. and on Thursday, November 12th at 6pm PST. Please register through the link provided prior to attending.

Date: Tuesday, November 4, 2015

Time: 7pm PST

Date: Thursday, November 12, 2015

Time: 6pm PST

Registration LINK: <https://attendee.gotowebinar.com/rt/1677244885203523073>



2015 DO Day Participants Lunch with Legislators

designated mental health provider denies involuntary hospitalization for a mental health evaluation.

Osteopathic physicians who register before January 4th and

participate in DO Day will be eligible for a drawing for a free WOMA 2016 convention registration package. A printable registration form is located on page 13.



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

Meetings Notice

Saturday, December 5, 2015

WOF Board

6:00 p.m.

WOMA Board of Governors

Dinner Meeting and Installation of 2016 Officers

6:30 p.m.

Hilton Doubletree Suites
Southcenter
16500 Southcenter Parkway
Seattle, WA 98188

Getting to Know You

WOMA is pleased to welcome the following new Active members to WOMA:

Ali Anissipour, DO is 2009 graduate of COMP. His postgraduate training in Orthopedics was completed in 2014 at St James Hospital in Olympia Fields, IL followed by a Fellowship in Spine Surgery recently completed at Harborview Medical Center. He has joined the Orthopedic, Sports, Spine & Hand Center at Western Washington Medical Group in Everett.

Charles Vaughan Bulfinch, DO graduated from PNWU in 2012. His Family Medicine Residency was completed this year at Central Washington Family Medicine Rural Training tract in Ellensburg. Dr. Bulfinch currently practices Family Medicine and Hospice in Selah.

Corinne Glassgow, DO is a 2012 graduate of PNWU. Her postgraduate training took place at Central Washington Family Medicine in Yakima. Her family medicine practice is in Yakima.

Brandon Isaacs, DO is the Assistant Dean of GME and Assistant Professor of Family Medicine at PNWU. Dr. Isaacs graduated from the University of Osteopathic Medicine and Health Sciences in Des Moines. His internship and residency in family medicine were completed at St. Louis University/Scott AFB in Belleville, IL in 1998. Since 2008 he has served as a Colonel in the Idaho Air National Guard as a Flight Surgeon

and the USAF Wrestling Team Physician.

Jaime Klippert Fajardo, DO practices family medicine at HealthPoint Community Health Center in Des Moines. She is a 2012 graduate of PNWU and completed her residency training at East Pierce Family Medicine in Puyallup.

Gregory J MacDonnell, DO practices hospital-based anesthesiology at Kadlec Regional Medical Center in Richland. He graduated from Pikeville College – School of Osteopathic Medicine in 2007. His postgraduate training in anesthesiology took place at Des Peres hospital in St. Louis, MO. **Jeff Pryor, DO** is a 2012 graduate of PNWU. He completed a residency this year in Family Medicine at Munson Medical Center in Travers City, MI. His family medicine practice is in Spokane Valley.

Jesse Schneider, DO currently practices family medicine at Beneway Community Hospital/St. Maries Family Medicine in St Marie, ID and at Providence St. Mary in Walla Walla.

Stanford Varnado, DO practices family medicine at the Jonathan M Wainwright Memorial VA Medical Center in Yakima. He graduated from KCOM in 1986 and completed an internship at Corpus Christi Osteopathic Hospital in 1987. He was certified by the AOBFM in 1998 and recertified in January.

Dr. Haines Appointed to L&I Committee

Monica Haines, DO has been appointed to replace retiring member Ruth Bishop, DO on the Industrial Insurance Medical Advisory Committee (IIMAC). The IIMAC advises L&I on practice guidelines, coverage criteria, and reviews coverage decisions, technology assessments, and health-care rules. Dr. Haines is the only osteopathic physician serving on the fourteen-member board.

Dr. Haines graduated from the Kansas City University of Medicine and Biosciences, College of Osteopathic Medicine, Kansas City, Missouri in 1983. She completed a rotation internship at Waldo General Hospital in 1984 and is certified by the American Osteopathic Board of Family Practice.

Governor Booth Gardner appointed Dr. Haines to a term on the Board of

Osteopathic Medicine and Surgery which she served from 1991-1995. She served WOMA in several capacities, including President in 1991 and as a member of the Washington Osteopathic Foundation Board from 1995 through 1998.

Dr. Haines is currently a Senior Managing Physician for US HealthWorks in Kent, Washington.

Dr. Haines was one of two nominees submitted by WOMA. Members are nominated by statewide clinical groups, specialty societies, and/or associations and are appointed by the director of L&I.

For more information about the committee, go to <http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/PAC/default.asp>.

WOMA Welcomes New Members

At its quarterly meeting held September 26, 2015, the Board of Governors approved the following membership applications:

Active

Ali Anissipour, DO COMP'11
Charles Bulfinch, DO PNWU'12
Corinne Glassgow, DO PNWU'12
Brandon Isaacs, DO DMU '98
Jaime Klippert Fajardo, DO PNWU'12
Gregory MacDonnell, DO PCCOM'07
Jeff Pryor, DO PNWU'12
Jesse Schneider, DO DMU'86
Stanford Varnado, DO KCOM'86

Postgraduate

Bradley DeKorte, DO DMU'14
Catherine Dong, DO COMP'14
Anna Elperin, DO PNWU'2014
Kathy Fosnaugh, DO PNWU'14
Christine Kha, DO TU-NV '15
Aaron Killpack, DO TUCOM'09
Jesse Klebba, DO MSUCOM'14
George Lupas, DO PNWU'15
Carlin Miller, DO DMU'14
Mary Platt, DO AZCOM'15
Amber Postma, DO PNWU'15
Shauna Raboteau, DO TU-CA'15
Laura Steele, DO TU-CA'15
Alyssa Vivas, DO PNWU'15
Tad White, DO LECOM'15

Student

Scott Cuthbert CCOM'18
Monica Paulson KCUMB'18

PNWU Class of 2019

Allen, Tyler
Anderson, Bjorn
Archer, Paula
Asfour, David
Barnes, Curtis
Barr, Christian
Barton, Katie
Bennett, Tomoko
Bentley, Emma
Bentley, Olivia
Bewley, Sarah
Bishop, Andrew
Blaine, Scott
Boden, Brandi
Boyd, Nichole
Braid, Melissa
Bruttig, Logan
Burley, Nicholas
Byler, Julie
Caggiano, Dylan
Campbell, Taylor
Carr Kaylee
Carter, Rayan
Casey, Elizabeth
Cathcart, Mandi

Chargot, Patrick
Chou, Jolan
Combs, Alexander
Coons, Matthew
Crandall, Andrew
Crossley, Tyler
Currie, Morgan
Daines, Turner
Eckart, Sheridan
Ekram, Jahanzaib
Ellison, Matt
Ely, Paige
Fanoni, Michelle
Figueroa, Jessica
Fisher, Delaney
Foshag, Kelcie
Frakes, Matthew
Frith, Kassondra
Fukuda, Sohei
Galloway, Kimberly
Galvan, Lorena
Garza, Veniel
Golub, Yuriy
Gommell, Rosalee
Goodman, Nicholas
Goodrich, Jennifer
Greenwood, Thomas
Gunderson, Corey
Hadi, Ali
Hanley, Brandon
Hardin, Caitlin
Harris, Blair
Hasenkrug, Michaela
Heessel, Adam
Hepfner, Renae
Houghton, Thomas
Hulbert, Brett
Humble, Jennifer
Itzhakov, Samyon
Johnson, Alex
Johnson, Kelsey
Judd, Kathleen
Jurca, Samuel
Keller, Meredith
Kent, Victoria
Khanna, Rachna
Kim, James
Kim, Rachel
Kim, Si-Nae
King, Courtney
Klusmeyer, Genevieve
Knox, Rachel
Kuchmiy, Ella
Kunz, Emily
Lakey, Jody
Larsen, Adam
Lavis, Samuel

Le, Jessica
Leaf, Mellissa
LeCheminant, Richard
Lee, Sarah
Ley, Cory
Lingle, Marc
Litzenberger, Stefan
Llamas, Jessica
Lowery, Gregg
Lowry, Cassandra
Lyons, Shannon
Mandelis, Nicholas
Mari, Steven
McCown, Thomas
McFalls, Alysha
McGuire, Lucas
McKay, Michelle
Mehl, Mathieu
Milliren, Anna
Minton, Seth
Monheit Berman, Clara
Nguyen, Dzung
Nguyen, Rosalynn
Nicoara, Daniel
Nixon, Colby
Ojala, Daniel
Paolucci, Mia-Anne
Paxton, Eve
Payne, Allison
Pentzer, Thomas
Pillai, Shanta
Popish, Amanda
Recidoro, Anthony
Reich, Kathleen
Reid, Eric
Roberts, Ammon
Schauer, Michelle
Schlauderaff, Caleb
Schultz, Eric
Sibley, Robert
Sobecki, Ruthanne
Sodhi, Khushbu
Soha, David
Sorensen, Stefani
Steadman, Brooke
Straub, Teresa
Stumetz, Kyle
Sustad, Jared
Takisaki, Bryan
Taylor, Isabella
Thatcher, Jacob
Truong, Stephamoe
Vakil-Gilani, Kiana
Varada, Neilmegh
Volturo, Jesse
Weber, Greta
Whitson, Shaman

Suicide Prevention Training

This year, the legislature passed Engrossed Substitute House Bill 1424. The governor signed it into law, becoming effective July 24, 2015. The new law:

- Delays the suicide prevention training requirement for allopathic and osteopathic physicians and physician assistants, nurses, chiropractors, naturopaths, and physical therapists until January 1, 2016. Training taken between June 12, 2014 (the original effective date) and January 1, 2016 (the new, extended date) is valid and fulfills the requirement as long as the training met the requirements of the law and for your profession. (This includes WOMA's 2015 Spring Seminar)

- Requires the Department of Health (DOH) to adopt rules establishing minimum standards for the suicide prevention training programs by January 1, 2016.

- Requires that by July 1, 2017, only trainings that meet the new minimum standards can be on the DOH's model list of suicide prevention training programs. Three-hour training programs developed prior to July 24, 2015 must also be included on the model list.

- Requires all health care professionals who are required to take suicide trainings take trainings from the model list beginning July 1, 2017. Training taken before July 1, 2017 is valid and fulfills the requirement.

- Exempts certified nurse anesthetists, allopathic physician residents with a limited license, and osteopathic physician postgraduate licensees from the training requirement.

Next Steps:

- The department began rule-making activities in July to establish minimum standards for suicide prevention training programs.

- Affected boards and commissions will revise their rules to implement the new law. The first workshop was held on October 20th

- The second stakeholder meeting will be on Monday, November 23rd. At this meeting attendees will review draft rules and provide additional input to the department.

- The department will update the current model list by December 31, 2015.

Medical Marijuana Authorization Form & Required Reporting

The Department of Health has completed two important tasks for implementing SB 5052 (Cannabis Patient Protection Act) that are required to be in place by July 24, 2015:

1. Providing a way for healthcare practitioners to report each calendar month they write more than 30 new or renewed authorizations for the medical use of marijuana. Reporting is required beginning July 24, 2015 and ending July 1, 2016. This reporting must be done through an electronic survey available on <http://www.doh.wa.gov/YouandYourFamily/Marijuana/MedicalMarijuana>

2. Developing a standard form for authorizations. Starting July 24, 2015, all new authorizations or renewals must be written on the standardized form. Starting July 1, 2016, all authorizations and renewals have to use the new form. You can download a copy of the form from our website.

For the latest information, including answers to frequently asked questions and authorization practice guidelines, please see www.doh.wa.gov/medicalmarijuana.

If you have questions please reach out to us at:

medicalmarijuana@doh.wa.gov.

WOF Contributions Appreciated

The Washington Osteopathic Foundation (WOF) provides loans to osteopathic medical students who commit to practice in Washington upon completion of their training in exchange for a lower interest rate and lenient payback schedules. WOF also provides a few small scholarships each year as well as CME grants for WOMA programs.

The Foundation is funded primarily by the annual auction during the WOMA convention, proceeds from the WOMA Fall Seminar and individual contributions, which have decreased considerably in the last

New OIC Webpage for Providers

In order to help health care providers better understand the complaint process, the Office of the Insurance Commissioner has created a new webpage with information that providers need to know about filing complaints with the OIC. The OIC has heard that its complaint process can be confusing for health care providers, with many providers being unsure when they can and cannot file complaints regarding health insurance. Because the complaint process is the primary means for the OIC to find out about violations of Washington state law and health care providers may be aware of violations, it's important for the OIC to help providers better understand the complaint process.

The new webpage highlights areas of Washington state law that form the basis for the most common complaints from providers. The webpage also includes instances where the OIC does not have legal jurisdiction to intervene. This information should be helpful to providers in trying to figure out when they should make a complaint to the OIC or direct it to another agency.

Providers are encouraged to file complaints with the OIC online or by calling 800-562-6900. The new webpage is intended to be a helpful starting place to direct your health care providers who might want to file a complaint with the OIC, so please share it with them as well.

If you have feedback about the page or want to know more about the provider complaint process, please contact Jim Freeburg at jimf@oic.wa.gov or 360-725-7170.

few years. This year, auction items raised \$4,720 and individual contributions made during the auction and the rest of the year total \$7,725. WOF also received a very generous donation of over \$46,000 from Loren H Rex, DO and the Ursa Foundation which is restricted to supporting OMM training.

The Foundation is grateful to everyone who participated in the auction by donating items and participating in the bidding process. We would also like to thank the

Calendar of Events

WOMA Winter Seminar

The New Face of Chronic Health Problems

December 5, 2015

Hilton/Doubletree Southcenter

Program Chair Katina Rue, DO

WOMA Spring Seminar

Pain Management Update & Poster Competition *

Saturday March 19, 2016

PNWU, Yakima

Katina Rue, DO and Lynda Williamson, DO Program Co- Chairs

103rd Annual NW Osteopathic Convention

June 23-26, 2016

Semiahmoo

*2016 PNWU/WOMA Poster Forum (March 19)

The research poster forum will take place during the WOMA Spring Seminar on Saturday, **March 19, 2016 in the University Conference Center (UCC)** at PNWU. A total of 20 posters will be accepted for presentation and competition for one of three prizes.

Author Eligibility: The forum is open to PNWU students, postgraduate members of OPTI-West, OPTI-West residency faculty, and PNWU faculty members. Priority will be given to 3rd year medical students needing this opportunity to be admitted into residency and residents needing this opportunity to graduate in 2016. Participants must be in good academic standing.

Timeline

November 16, 2015

Application opens

January 8, 2016

Application deadline

February 1, 2016

Notification of selection

March 1, 2016

Poster submission deadline

March 19, 2016

Event and Awards

For more information, go to <http://www.pnwu.edu/inside-pnwu/departments/osa/2016-posters/>

Continued from page 4

following for their individual contributions: Karima & Al Adatia, DO, Harold Agner, DO, David Arnold & Susanne Wilhelm, DO, H Ken Cathcart, DO & Sharon Cathcart, DO, Marc Cote, DO, Thomas Dawson, DO, Paul Emmans, Jr, DO, Amber Figueroa, DO, Stan Flemming, DO, Lindy Griffin, DO, Steven Leifheit, DO, Rebecca Locke, DO, Maureen Rouse, Dan Shelton, DO, Nathaniel Stephens, DO and Christen Vu, DO.

With its limited funds, the Foundation has assisted over 100 osteopathic medical students with scholarships and low-interest loans since the program started almost 45 years ago. If you would like to help maintain this worthwhile program, your tax-deductible contribution is greatly appreciated. Please use the contribution form located on page 12 of this newsletter.

The New Face of Chronic Health Problems

WOMA's CME Committee has assembled an interesting array of topics based on recent needs assessment surveys for the Winter Seminar scheduled for Saturday, December 5th in Seattle.

The day will start with a presentation on Anti-Inflammatory Eating by dietician Michelle Babb and she will join Thomas Scandalis, DO and Mark Dedomenico, MD on a panel of case studies demonstrating the effects of Nutrition on Chronic Conditions. Dr. Dedomenico will take a look at new information on obesity and the importance of family support and David Escobar, DO will demonstrate fitness apps and how they can help your patients be more accountable for their health.

Joseph DiMeo, DO will address how to deliver bad news, followed by DO psychiatrist Nathanael Cardon's presentation on Teen Mood Disorders. Hank Williams, MD will cover Dementia vs. Delirium and Andrea Chatburn, DO will finish the day with a presentation on End of Life: Grieving and Bereaving.

Eight Category 1-A CME credits are anticipated, with an additional credit for participating in the outcomes survey in February. All credits will be applied to the 2013-2015 CME cycle. Members will save \$25 if registered before November 25th. Non-members pay an additional \$250 which will be waived if the seminar registration is accompanied by a WOMA member application and appropriate fees and dues. Contact the WOMA office for details at 206-937-5358 or email kitter@woma.org.

WOMA Awarded 3-Year Accreditation

WOMA has been awarded Level 3 Accreditation with Commendation by the American Osteopathic Association Council on Continuing Medical Education. In accordance with AOA Accreditation Requirements for Category 1 CME Sponsors, WOMA received 100 points, a perfect score on its most recent document survey, including an outcomes measurement data.

WOMA's accreditation as a Category 1 CME provider will expire in April, 2018.

Mindfulness for Healthcare Professionals

Five-session course on Thursday evenings from 6pm to 8:30pm, plus one Sunday from 1pm to 7pm.

Dates: January 14, 21, 28 and 31 (Sunday), and February 4

Location: Washington Physicians Health Program, 8th & Olive Building Conference Room, 720 Olive Way, Seattle, WA

Course cost: \$200

Register Online: <https://wphpwinter2016mindfulness.eventbrite.com>

Mindfulness is designed to reduce stress and improve general mental health. Mindfulness does not eliminate life's pressures, but it can help health professionals respond to pressures in a calmer manner that benefits heart, head and body. For more information, visit <http://wphp.org/mindfulness-series/>

Instructor: Tim Burnett founded Mindfulness Northwest in 2011 as a way to offer the benefits of mindfulness meditation and practices to the greater Pacific Northwest. He has been teaching Mindfulness-Based Stress Reduction since 2010, and practicing meditation since 1986. He completed teacher training with the Center for Mindfulness at the University of Massachusetts. Tim was also certified by Stanford University's Center for Compassion and Altruism Research and Education (CCARE). For more information about Mindfulness Northwest, visit <http://www.mindfulnessnorthwest.com/>

Discount Prescription Drugs For Your Patients

Statewide Prescription Assistance Program Offers a Prescription to High Healthcare Costs

Washington Osteopathic Medical Association has teamed with the Washington Drug Card to enable you to provide discount prescription drug cards to your employees and patients.

Washington Drug Card is a free statewide prescription assistance program that offers discount drug cards to all state residents. The cards can be used for savings of up to 75% on prescription drugs, including brand names and generics as well as non-covered medication, at over 68,000 regional and national pharmacies. There are no membership restrictions, no

income requirements, no age limitations and no applications.

Have free Washington Drug Cards mailed to your clinic at no cost by contacting Eric Brown at eric.brown@washingtondrugcard.com or (206) 755-6971, or encourage your patients to print a free card at www.washingtondrugcard.com.

The card is also pre-activated and ready for use. Patients can also secure the discount by simply walking into any Safeway pharmacy in the state and asking for the Washington Drug Card discount—even if they don't have a physical card.



WASHINGTON DRUG CARD
www.washingtondrugcard.com

Program Highlights:

- ✓ Free Card For Everyone
- ✓ No Restrictions on Eligibility
- ✓ Low Price Guarantee
- ✓ Discounts Most Medications
- ✓ Accepted at Over 56,000 Pharmacies
- ✓ HIPAA Compliant

For more information
or to order free hard cards visit:

www.washingtondrugcard.com
Eric Brown • eric.brown@washingtondrugcard.com
206-755-6971

Washington Drug Card Preferred Pharmacy:



Interstate Medical License Compact – Should Washington Join?

A bill is being introduced in January to establish Washington State as a member of the Interstate Medical License Compact (Compact) giving the state two seats on the Commission, one from the Board of Osteopathic Medicine and Surgery (BOMS) and one from the Medical Quality Assurance Commission (MQAC). The member may be a physician or lay member of the board, or an Executive Director, Executive Secretary or similar executive of a member board.

The purpose of the Compact is to streamline the credentialing process for physicians who are licensed in more than one state. Use of the process is voluntary. Users will pay a credentialing fee in addition to the license fee for each state license. Member states are required to cover what user fees and grants do not.

While WOMA supports the idea of a simplified credentialing system for multiple licenses, at its annual meeting in June, the WOMA membership voted to oppose the Compact. Why?

1) The Compact language requires the Commission to establish and appoint committees including, but not limited to, an executive committee, which shall have the power to act on behalf of the Interstate Commission in carrying out its powers and duties to include: Pay, or provide for the payment of the expenses related to the establishment, organization, and ongoing activities of the Interstate Commission; Establish and maintain one or more offices; Borrow, accept, hire, or contract for services of personnel; Purchase and maintain insurance and bonds; Employ an executive director who shall have such powers to employ, select or appoint employees, agents, or consultants, and to determine their qualifications, define their duties, and fix their compensation. It will be an expensive undertaking.

2) The “intent” is to fund with grants and user fees. However, the language states that the Interstate Commission may levy on and collect

an annual assessment from each member state to cover the cost of the operations and activities of the Interstate Commission and its staff. The total assessment must be sufficient to cover the annual budget approved each year for which revenue is not provided by other sources. The aggregate annual assessment amount shall be allocated upon a formula to be determined by the Interstate Commission, which shall promulgate a rule binding upon all member states.

3) Washington State’s proposed legislation requires any and all fees or assessments, or both, levied on the state to cover the costs of the operations and activities of the Compact shall be borne by BOMS and MQAC alone. Depending on the costs (which are currently unknown) DOs and MDs could be required to pay a higher licensing fee, whether or not they utilize the credentialing service.

To date, eleven states have joined the Compact: Alabama, Idaho, Illinois, Iowa, Minnesota, Montana, Nevada, South Dakota, Utah, West Virginia and Wyoming.

The Compact has been endorsed by BOMS, MQAC and the Washington State Medical Association. Blake Maresh, Executive Director of BOMS and one of the early authors of the Compact, met by phone with WOMA’s Executive Committee on October 14th to gain WOMA’s support of the Compact. The Executive Committee remained opposed to Washington State joining the Compact until the Compact finalizes a budget that reflects its intent to fund the Commission with grants and user fees.

After the meeting, Mr. Maresh sent an email to WOMA’s Executive Director Kathie Itter which stated that *“the likelihood of any assessment is incredibly low, and there is no assessment I can conceive of that would result in a general fee increase. If that message didn’t come through, then I’m not sure what else I could have said. The Commission, in its early discussions, has been solidly*

critical, even though it has no money at this point, of imposing an assessment exactly because it is comprised of representatives of the state boards who do not want to pay an assessment themselves any more than we do. No, I cannot provide the WOMA Board guarantees, any more than a physician on the WOMA board would give a patient of theirs guarantees before going into a surgery; instead, we should focus on what the most probable outcome is. I respect the WOMA Board’s right to take whatever positions it wants, but I think it is distressing there are many “data points” that do not seem to support its position on the Compact. Again, I’ll make the offer that if there is anything I can do to help better inform the Board on the Compact, I am happy to do so. Just let me know.

Mrs. Itter responded, *“WOMA continually works to improve the delivery of healthcare services to the citizens of Washington. The idea of this interstate compact may indeed be included in this category, but it is presented at an unknown cost. WOMA cannot support an interstate compact that is not financially self-sufficient and the inclusion of any language, however incidental in its intent, allowing the transfer of cost to anyone beyond those who utilize the compact, is unacceptable. It would be irresponsible for us to ignore such language in something as important as a bill that is to become state law.*

While WOMA believes Mr. Maresh’s statement of current intent, the language provides no guarantees that this will not become another costly bureaucracy. The current eleven-state Commission members met in October but did not adopt a budget. They meet again in December and if they establish an acceptable budget that will not require additional State funding, support is worth considering.

If you feel strongly either way on this issue, please share your thoughts with the WOMA Board by sending an email to kitter@woma.org.

Obama Administration Announces Public and Private Sector Efforts to Address Prescription Drug Abuse and Heroin Use

Prescription drug abuse and heroin use have taken a heartbreaking toll on too many Americans and their families, while straining law enforcement and treatment programs. Today, the President will travel to West Virginia to hear directly from individuals and families affected by this epidemic and the health care professionals, law enforcement officers, and community leaders working to prevent addiction and respond to its aftermath.

The President has announced federal, state, local and private sector efforts aimed at addressing the prescription drug abuse and heroin epidemic. These include commitments by more than 40 provider groups – representing doctors, dentists, advanced practice registered nurses, physician assistants, physical therapists and educators – that more than 540,000 health care providers will complete opioid prescriber training in the next two years. In addition, CBS, ABC, the New York Times, Google, the National Basketball Association, Major League Baseball and other companies will donate millions of dollars in media space for PSAs about the risks of prescription drug misuse produced by the Partnership for Drug-Free Kids.

On October 21st, the President issued a Memorandum to Federal Departments and Agencies directing two important steps to combat the prescription drug abuse and heroin epidemic:

Prescriber Training: First, to help ensure that health care professionals who prescribe opioids are properly trained in opioid prescribing and to establish the Federal Government as a model, the Presidential Memorandum requires Federal

Departments and Agencies to provide training on the prescribing of these medications to Federal health care professionals who prescribe controlled substances as part of their Federal responsibilities.

Improving Access to Treatment: Second, to improve access to treatment for prescription drug abuse and heroin use, the Presidential Memorandum directs Federal Departments and Agencies that directly provide, contract to provide, reimburse for, or otherwise facilitate access to health benefits, to conduct a review to identify barriers to medication-assisted treatment for opioid use disorders and develop action plans to address these barriers.

More Americans now die every year from drug overdoses than they do in motor vehicle crashes and the majority of those overdoses involve prescription medications. Health care providers wrote 259 million prescriptions for opioid pain medications in 2012 – enough for every American adult to have a bottle of pills. Opioids are a class of prescription pain medications that includes hydrocodone, oxycodone, morphine, and methadone. Heroin belongs to the same class of drugs, and four in five heroin users started out by misusing prescription opioid pain medications.

The most recent data show that the rate of overdoses involving prescription pain medication is leveling off, although it remains at an unacceptably high level. But the dramatic rise in heroin-related overdoses – which nearly doubled between 2011 and 2013 – shows the opioid crisis is far from over.

More than 40 provider groups – including physicians, dentists, advanced practice registered nurses,

physician assistants, physical therapists and educators – committed to:

1) Have more than 540,000 health care providers complete opioid prescriber training in the next two years;

2) Double the number of physicians certified to prescribe buprenorphine for opioid use disorder treatment, from 30,000 to 60,000 over the next three years;

3) Double the number of providers that prescribe naloxone – a drug that can reverse an opioid overdose;

4) Double the number of health care providers registered with their State Prescription Drug Monitoring Programs in the next two years; and

5) Reach more than 4 million health care providers with awareness messaging on opioid abuse, appropriate prescribing practices, and actions providers can take to be a part of the solution in the next two years.

As one of the provider groups who have committed to partner in this program, WOMA has already provided two Buprenorphine prescribing seminars and distributed information on naloxone prescribing through emails. WOMA's 2016 Spring Seminar will focus on pain management, including prescribing of long-acting opioids. WOMA's leads on this project are **David Escobar, DO** and **David Gillingham, DO**.

For the entire White House Press Release, go to <https://www.whitehouse.gov/the-press-office/2015/10/21/fact-sheet-obama-administration-announces-public-and-private-sector>

New Medication Safety Tips Poster

The FDA Office of Women's Health is Offering Free Posters for your clinic. College is the first time many students make health decisions on their own. Students need to make smart choices whether they are choosing cold and flu medicines or dietary supplements. You can use the new 4 Steps to Safe Medication Use poster to help keep your students healthy. These posters are perfect for your health center, residence halls and health promotion programs. To order your free posters go to http://promotions.usa.gov/fda-womens-health.html?source=govdelivery&utm_medium=email&utm_source=govdelivery

The Plan for Medicaid Transformation — Application for a Medicaid Transformation Waiver

The Washington State Health Care Authority (HCA) and Department of Social and Health Services (DSHS) have submitted an application to our federal partners for a five-year Medicaid Transformation Demonstration Waiver—through Section 1115 waiver authority.

This plan, part of Healthier Washington, will transform the delivery system for the 25 percent of Washington's population served by Medicaid. This change engages and supports Apple Health clients, providers, and communities in achieving improved health, better care, and lower costs. The waiver will give Medicaid the flexibility and expenditure authority to achieve the State's vision for a Healthier Washington; allow the State to test, scale, and spread new models of care; and support providers in building capacity.

Medicaid Transformation Waiver Goals

- Reduce avoidable use of intensive services and settings, such as acute care hospitals, nursing facilities, psychiatric hospitals, jails, and traditional long-term services and supports.

- Improve population health, with a focus on the prevention and management of diabetes, cardiovascular disease, oral health, pediatric obesity, smoking, mental illness, and substance use disorders; care should be coordinated and whole-person centered.

- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian health system are maintained for Washington's tribal members.

- Ensure that Medicaid per capita cost growth is two percentage points lower than national trend.

Application Submission is Only the Beginning

Now that Washington has submitted its Medicaid Transformation Waiver application, negotiations with the federal review team will extend over several months. During this period, they will continue conversations with our partners, stakeholders, tribes, and the public that will inform the details. We will look for your input and suggestions throughout this process

HCA Provider Alert

Claim Denial and Service Limit inquiries through Contact Us

Effective August 1, 2015, all claim denial and service limit requests submitted through Contact Us will be issued a confirmation page that includes a date and time stamp instead of a service request number.

At the Contact Us form screen submit the claim denial or service limit request and the confirmation page will be displayed. A print button is provided at the lower right corner of the screen to print the confirmation for your records.

The Claims Processing Office will reply to the request using a new email address. This address is claimerror@hca.wa.gov. Please do not send replies to this address.

Any additional or follow-up questions to your response should be submitted through Contact Us at <https://fortress.wa.gov/hca/p1contactus/> including the ticket number entered into the Other Comments field.

Note: Please be sure to add the claimerror@hca.wa.gov email address to the Safe Senders list in the email system you use so it will not be blocked or received in your junk email folder.

This notice applies only to Claim Denial and Service Limit inquiries. All other types of Contact Us requests will continue to be issued a service request number and processed by the Medical Assistance Customer Service Center (MACSC).

AOA Launches New Brand Campaign

The AOA is taking osteopathic medicine to a wider audience with a new brand awareness campaign, launched at OMED 2015 in Orlando on Oct. 17. Objectives were to sharpen the definition of osteopathic medicine in a way that consumers understand and connect with while increasing awareness of osteopathic medicine and the DO degree.

The campaign features real DOs in both print and video ads, talking about what makes osteopathic medicine unique—our empathetic, whole-person approach to care. It targets consumers when and where they're looking for information about health and wellness, promoting the DO difference and directing potential patients to find their DO.

<http://www.osteopathic.org/inside-aoa/about/Pages/doctors-that-DO-campaign.aspx>

There is a short video (about 3 min) that overviews the launch but it does require your AOA ID and password to view. There are also a number of short u-tube videos and some sample ads. Looks like they will be putting ads in several large circulation magazines like People, Men's Health, Women's Health, etc. A new consumer website DoctorsThatDO.org has been developed as well.

New Requirement for Newborn Screening

Washington State enacted a new law effective July 24, 2015. The new law requires newborn congenital heart screening using pulse oximetry prior to the newborn's discharge. The new law applies to hospitals and healthcare providers (including advanced registered nurse practitioners and certified nurse midwives) who attend births outside a hospital. The results must be recorded in the newborn's medical record and, if abnormal, the provider must refer the newborn for appropriate care and report the test results to the newborn's attending physician and parent or guardian. Healthcare providers attending a birth outside the hospital are required to perform screening following the American Academy of Pediatric Guidelines.

Increases in Fentanyl Drug Confiscations and Fentanyl-related Overdose Fatalities

The Centers for Disease Control and Prevention (CDC) and the Drug Enforcement Administration (DEA) are investigating recent increases in fentanyl-related unintentional overdose fatalities in multiple states across the U.S. The purpose of this HAN advisory is to: (1) alert public health departments, health care providers, first responders, and medical examiners and coroners to the possibility of additional increases in other jurisdictions, (2) provide recommendations for improving detection of fentanyl-related overdose outbreaks and (3) encourage states to expand access to naloxone and training for administering naloxone to reduce opioid overdose deaths.

For more information

- CDC Health Advisory: Recommendations for Laboratory Testing for Acetyl Fentanyl and Patient Evaluation and Treatment for

Overdose with Synthetic Opioid at <http://emergency.cdc.gov/han/han00350.asp>

- DEA Issues Nationwide Alert on Fentanyl as Threat to Health and Public Safety at

<http://www.dea.gov/divisions/hq/2015/hq031815.shtml>

- Fentanyl SAMHSA letter to physicians and fact sheet at:

<http://buprenorphine.samhsa.gov/20130715114030811.pdf>

- Special Report: Opiates and Related Drugs Reported in NFLIS, 2009-2014 at

http://www.deadiversion.usdoj.gov/nflis/spec_rpt_opioids_2014.pdf

- SAMHSA Opioid Overdose Toolkit at: [http://store.samhsa.gov/shin/content/SMA13-](http://store.samhsa.gov/shin/content/SMA13-4_7_4_2/)

[4_7_4_2/](http://store.samhsa.gov/shin/content/SMA13-4_7_4_2/) Overdose_Toolkit_2014_Jan.pdf

- Call Poison Control at 1-800-222-1222 or use the webPOISONCONTROL® online tool for guidance

DEA'S Prescription Drug Take-Back Effort— A Big Success

Thousands of Americans in communities across the country discarded more than 350 tons of unused, expired, or unwanted drugs as part of the Drug Enforcement Administration's (DEA) National Prescription Drug Take-Back Day Initiative (NTBI) on Saturday, September 26.

This past weekend, more than 3,800 federal, state and local counterparts took in more than 702,365 pounds of unused, expired or unwanted drugs at more than 5,000 collection sites across the United States. This was the tenth NTBI event since September 2010; cumulatively, these events have collected 5,525,021 pounds of drugs.

"The numbers are shocking—approximately 46,000 Americans die each year from drug-related deaths. More than half of those are from heroin and prescription opioids," said Acting DEA Administrator Chuck Rosenberg. "With four out of five new heroin users starting with prescription medications, I know our take-back program makes a real difference."

The NTBI addresses a crucial public safety and public health issue. According to the 2014 National Survey on Drug Use and Health, 6.5 million Americans abused controlled prescription drugs. That same study showed that a majority of abused prescription drugs are obtained from family and friends, including from the home medicine cabinet. The DEA's NTBI events are also a significant piece of the White House Office of National Drug Control Policy's prescription drug abuse prevention strategy.

You Are the Key to HPV Cancer Prevention Course

Free, online HPV Vaccine CEU Course!

This free, hour-long continuing education course is designed for physicians, pharmacists, advanced practice clinicians, nurses, medical assistants and other staff who work with adolescents and their parents. This course helps providers frame the HPV vaccine conversation, encourages providers to make a strong vaccination recommendation and offers responses to parents' most common questions. Over 700 people

have taken the course since its launch in April and more than 80% of respondents reported that they intend to make a change to their practice based on this training.

Earn free credit and learn tips for recommending the HPV vaccine to adolescents and their parents. To find out more or register, go to: <http://www.cardeaservices.org/resourcecenter/you-are-the-key-to-hpv-cancer-prevention>

WOMA Winter Seminar

The New Face of Chronic Health Problems

This program has been approved for Eight Category 1-A AOA Credits

Saturday, December 5, 2016

Hilton Doubletree Southcenter

165 Southcenter Parkway, Seattle, WA 98188



Bear Droppings.....

by Loren H. Rex, D.O.

Well, here goes, the launching of another Bear Dropping column. However, this time with a bit of an interesting twist thrown in. Kathie Itter, the Executive Director of WOMA asked if I could write this column to specifically address an existential problem that probably almost no one ever thinks about. **Who are we and what should we call ourselves?** For better or worse, we live in a politically correct age that shows no signs of reversing. Her specific request was to make the column informational and not political. I have no idea who she might have been talking to but it surely wasn't me. I will try and honor this request but I must say I doubt that there has ever been a minority group of any kind that has, or had, as the case may be, a history free from political strife: sure wasn't us.

It is rare for a group to come up with an idea that has not been thought of previously so that they can start a new organization that is not similar to an existing organization. Therefore, most "splinter" groups go to the existing group and attempt to present an idea. Typically this is met with a suggestion of go away! This situation is where Osteopathy started its journey. The next step is usually to have the older and larger group try to suppress and eliminate the upstarts: again, our history. Finally, either the splinter is finally allowed in or they "win" and become their own recognized mainstream group. However, typically the splinter group never imagined they might "win" and find themselves without an exit plan. It could be argued that we are in such a denouement period of self-inspection.

In the initial years there were governmental bodies that recognized the practice rights of "OSTEOPATHS" and issued limited licenses which for the most part allowed for the drug less, and non-surgical treatment of musculo-skeletal conditions primarily utilizing manipulations. A limited license was not what everyone wanted and thus as a profession we begin to fight to be recognized as a "full practice profession". The last state came aboard in 1989. Nebraska closed the loop.

We now find ourselves in a position where we must consider ourselves in

terms of the world and not just the United States. Osteopathic medicine in the United States varies greatly in scope and approach from osteopathy as practiced in Europe and many other countries. The USA recognizes a branch of the medical profession called *osteopathic physicians*, trained and certified to practice all aspects of modern medicine, while in other countries around the world "*osteopaths*" are trained only in manual osteopathic treatment, generally to relieve muscular and skeletal conditions. This was the condition where we found our profession for about a century. Although there was once an "OSTEOPATH" license to be had in Washington State, this has not been true for many years. To avoid confusion the American Osteopathic Association and the American Association of Colleges of Osteopathic Medicine recommend using the terms *osteopathic physician* (U.S.-trained only) and *osteopathic medicine* in reference to osteopathic medicine as practiced in the United States.

So we come back to where we started. **Who are we and what should we call ourselves?** There are, perhaps, some practitioners somewhere in the United States that are still practicing under an "Osteopath" license that could properly refer to themselves as an "Osteopath" but I am guessing they would be very rare indeed. I moved to Washington, circa. 1970, we still had some of these people but that is no longer the situation. Those of you who have worked on legislative committees realize how difficult it can be to try and introduce an idea to the legislature and then shepherd it through the various stages until it either dies or is accepted and becomes law. Now try and imagine it is 1900 and you are part of this group that is trying to convince some legislative body that "our cause is just." Your opposition, most likely organized medicine, is testifying that you are part of what is most likely referred to as "quackery" and the innocent public must be protected from "Osteopaths." Irrespective of the venue we are speaking of, these pioneers worked extremely hard to move us from under trained practitioners called "Osteopaths" to

well-trained fully licensed practitioners called "Osteopathic Physicians." We all owe a debt of gratitude to these people that can never be fully repaid.

No doubt you can see where I am going to come down on the question. In the years I served WOMA at the state level on boards and commissions, I would never allow the term "OSTEOPATH" to be used without a challenge from me. This was followed by an explanation to the user of the term of the differences with an Osteopathic Physician and why that was the correct and preferred mode of address. O.K., let's get real for a moment, not everyone with a DO degree is offended by the term "Osteopath": I am. That does not make me right and the others wrong. In our politically correct world it is offensive to use the "N" word and it should be. However, just turn on the Comedy channel or Black Entertainment Television channel and you will see that apparently not every black person is offended by the term. All minority groups can do things within their groups that are not allowed by outsiders. My argument is this if we want respect in the medical community and society at large we should always refer to ourselves in those terms which hold us in the highest esteem. When we are in private, we can call ourselves whatever we damn well please, just make sure we are in private and the microphone is off. We must realize that the fight for rights and respect is a never ending fight. Kathie Itter just informed me that "Osteopathic Physicians" in Pierce County may now sign Death Certificates. I admit, I didn't know we couldn't.

.....
● Save the Date!
● 103rd Annual
● Northwest
● Osteopathic Convention
● June 23-26, 2016
● Semiahmoo
● Blaine, WA
●

Washington Osteopathic Foundation Contribution Form

The WOF Tax-ID number is 23-7115033.

(Please print legibly)



Donor Name _____

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You may make your contribution in memory of a deceased person or in honor of someone living. If you wish to do so, please indicate below:

My contribution is in memory of _____

Or

My contribution is in honor of _____

Unless otherwise indicated, donations will be deposited in the general account to support loans, osteopathic training and CME in Washington State.

I prefer my donation to go to the general loan fund.

I prefer my donation to go to the Warren Lawless Scholarship Fund

I prefer my donation to go to the Eugene Imamura Scholarship Fund

I prefer my donation to do to the Ursa OMM Fund

I am interested in sponsoring a named scholarship fund. Please contact me.

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Please send your form and contribution to:

WOF/PO Box 16486 / Seattle, WA 98116-0486

Phone 206-937-5358 /Fax 206-933-6529



D.O. Day in Olympia

Tuesday, February 23, 2016

9:00 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 9:00 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 9:30 a.m. Participants will meet with legislators and provide OMM demonstrations and free blood pressure checks to the public and legislators. All legislators will be invited to a lunch with our participants hosted by WOMA. Meetings will continue after lunch until 3:00 p.m. Please complete this registration form and fax or mail it to WOMA by **Monday, January 4th** 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 _____

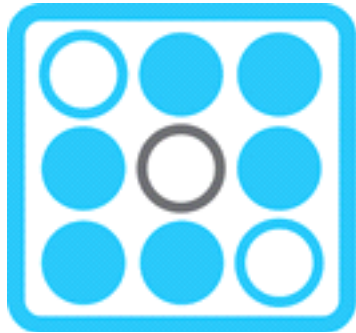
Please send registration to: WOMA
PO Box 16486
Seattle, WA 98116-0486

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

Return by January 4, 2016



SoFi



We understand that many of our members are burdened with student loan debt. SoFi, the largest provider of student loan refinancing, may be able to reduce the cost of that debt. The Washington Osteopathic Medical Association has recently partnered with SoFi to help our members refinance their student loan debt at rates lower than federal and/or private options. On average, SoFi Borrowers save around \$14k over the lifetime of their loan, while their D.O. borrowers save almost \$29k. The main benefits include:

- **Rates:** Variable rates as low as 1.90% APR and fixed rates as low as 3.50% APR (with Autopay saving an additional 0.25% off principal).
- **Simplicity:** Consolidate all existing student loans (federal and private) into a single loan with one monthly payment.
- **No Fees:** No origination fees and no prepayment penalties.
- WOMA members receive a \$500 Welcome Bonus when they log in to SoFi through the Member Benefits page under the Membership tab at www.woma.org.

For assistance contact the WOMA office at 206-937-5358.

SoFi will be hosting two Webinars for Washington Osteopathic Medical Association members on Wednesday, November 4th at 7:00 p.m. and on Thursday, November 12th at 6pm PST. Please register through the link provided prior to attending.

Date: Tuesday, November 4, 2015
Time: 7pm PST

Date: Thursday, November 12, 2015
Time: 6pm PST

Registration LINK: <https://attendee.gotowebinar.com/rt/1677244885203523073>

Not a WOMA Member? An application form is available at www.woma.org.