



Washington D.O.

Spring 2016

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

Annual NW Osteopathic Convention June 23-26 at Semiahmoo



WOMA's annual convention begins Thursday, June 23rd and offers up to 24 AOA Category 1-A credits. It will take place at the Semiahmoo Resort, a few minutes off Interstate 5, just before the Canadian Border. Ninety miles north of Seattle, it is positioned on the Semiahmoo Spit, which boasts more than 300 acres of tideland and approximately 1.5 miles of level pathways. It is ideal for outdoor adventures such as walking, biking, rollerblading, kayaking, clamming, sand sculpting, kite flying and picnicking. It features a pool, full-service spa, fitness center, multiple and diverse restaurants and two challenging and highly acknowledged public golf courses.

The program begins on Thursday afternoon with Upper Extremity Lectures and Lab from David Kanze, DO and Kylie Kanze, DO. The Upper extremity is a very common, yet undertreated, area of pain, acute and chronic. Somatic dysfunction of the arm can be determined commonly by obtaining an osteopathic history and by observation and henceforth by determining the mechanism of injury. Once the mechanism is determined, osteopathic technique

can be applied to the area by treating somatic structures including, bones, joints, muscles, fascia and nerves. This series of lectures and labs will describe how to determine the mechanism of injury and a myriad of osteopathic techniques in order to treat said dysfunctions. This is followed by a reception with exhibitors and time to network with your colleagues.

Friday morning will provide informative talks on cannabis, the heroin epidemic, sports dermatology and the use of botulinum toxins for neurologic disorders from Chris Bundy, MD, Charissa Fotinos, MD, Michael J Scott, DO and Patrick Hogan, DO, respectively. Friday afternoon will include presentations on diabetic renal disease from Kim Pfothenauer, DO, a tuberculosis update from Marc Cote, DO, allergy and immunology update by Steven Kernerman, DO and a cardiology update from Rajesh Bhola, MD.

Saturday is all about endocrinology with talks focusing on pediatrics, adolescents, female and male patients, a case panel discussion and an overview of the 2016 standard of care for diabetic

Gayle Smith, DO Awarded

Gayle Smith, DO, Assistant Professor OPP at PNWU, was recently elected President-elect of the American Fascial Distortion Model Association (AFDMA).

As part of the AAO Convocation, in addition to the workshops and modules presented, the AFDMA administered its first US based International Certificate examination. Dr. Smith was one of five participants who performed exceptionally well and awarded the International Certificate. She may now be the lead instructor at future AFDMA classes.

management. Our faculty this day will be Melissa Lemp, DO, Kylie Kanze, DO, Irene Grias, DO and Kim Pfothenauer, DO. At lunch we will have an update on osteopathic GME and AOA initiatives.

On Sunday the program will focus on promoting professional development. Robyn Phillips-Madson will talk about navigating physician leadership and transitioning out of direct patient care. Joseph Stengel, DO will tell you how you can actually increase office efficiency by precepting osteopathic medical students – a new program being developed by PNWU. The convention will end with an inspiring talk about mentoring new physicians from Kathryn Norris, DO.

On Saturday evening we will have our awards dinner and fundraising auction for the Washington Osteopathic Foundation. If you would like to donate a tax-deductible auction item, please use the form on page 12 or contact Kathie Itter at 206-937-5358 or kitter@woma.org.



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

WOMA Welcomes New Members

At its meeting held March 19, 2016, the WOMA Board of Governors approved the following applications for Active membership:

April Davis, DO is a 2007 PCOM graduate who completed her internship and residency in anesthesiology at Ingham Regional Medical Center. She practices in Kennewick.

Stephen Laird, DO graduated from TCOM in 1978. He completed a rotating internship at Ft Worth Osteopathic Hospital in 1979 and a Surgery residency at Grandview Hospital, Dayton in 1983. He received his Master of Health Professions Education from Midwestern University College of Health Sciences, Glendale in 2001 and completed the AOA Health Policy Fellowship Osteopathic Heritage Program in 2002. He has served as Associate Dean for Medical Student Affairs at PNWU since 2013.

Athena Lan, DO graduated from Western U COMP in 2011 and completed an internal medicine residency at University Hospitals Regional Hospitals, Richmond Heights, Ohio in 2014. She serves as a hospitalist for the Franciscan Inpatient Team in Federal Way.

Amy Martens, DO is a 2001 graduate of MWU-AZCOM. Her Internal Medicine Residency at Legacy Emanuel in Portland was followed by a Fellowship in Critical Care Medicine at St. John's Mercy Medical Center in St. Louis. She is a Critical Care Medicine Intensivist at Kadlec Regional Medical Center in Richland.

Kimberly Miller, DO received her DO degree from KCUMB in 2011. She completed a Family Medicine Residency Program with a Geriatric Concentration from Heritage Valley, Beaver, PA in 2014, followed by a Geriatric Fellowship at St. Luke's University Hospital in Bethlehem, PA in 2015. Her geriatric practice is in Richland.

Linda M Miller, DO is a 2001 graduate of AZCOM. She is in the practice of Urgent Care and Administration Urgent Care for Group Health in Tacoma.

Jason Roos, DO graduated from ATSU in 2010. In 2015 he completed his residency training in Otolaryngology and Facial Plastic Surgery. He practices Otolaryngology Head and Neck Surgery in Spokane.

Frederick Russek, Jr, DO received his DO degree from KCUMB in 1977. He completed his internship at Art Centre Osteopathic Hospital in Detroit and an Anesthesiology residency at Michigan Osteopathic Medical Center in 1985. He completed two fellowships – Pediatric Anesthesia at Children's Hospital of Michigan in 1986 and Interventional Pain medicine at Arizona Pain Specialists in Scottsdale, AZ in 2014. His Anesthesiology practice is in Vancouver.

Kate Statz, DO is a 2010 graduate of WVSOM. She completed a residency in OB/Gyn at Grandview Southview Hospital in Dayton, OH in 2014. She practices general OB/Gyn with emphasis on minimally invasive surgeries and OMM in Spokane.

Call for Presentations

This Call for Presentations marks the initiation of the planning process for WOMA Fall Seminar, the 2017 104th Annual NW Osteopathic Convention and other seminars in 2017. The Continuing Medical Education (CME) Committee selects all presentations given at the annual meeting and other programs based on the needs assessment process which includes needed health outcomes, evaluations from previous CME activities, WOMA's annual Needs Assessment Survey and State

requirements to identify gaps in knowledge that need to be addressed.

If you have a presentation you would like the committee to consider, you are invited to complete the CME Presentation Submission Form located on the Education and Events tab at www.woma.org. If you are a specialist that is willing to provide updates in your specialty for primary care physicians, submit your CV with a list of topics you may cover to kitter@woma.org.

Meetings Notice

WOMA CME Committee

7:00 p.m. June 22, 2016

WOF Board

8:30 a.m. June 23, 2016

WOMA Board Breakfast

9:00 a.m. June 23, 2016

Annual Meeting Lunch

12:30 p.m. June 24, 2016

Semiahmoo Resort
9565 Semiahmoo Parkway
Blaine, WA

In Memorium

Peter Grimm, DO

Peter D. Grimm, D.O., a clinical radiation oncologist who became an international leader, educator, entrepreneur and inventor in the field of prostate cancer, died February 20, 2016. He was also known as a dedicated fisherman and was a leader and activist dedicated to the preservation and enhancement of Pacific Northwest wild salmon.

He was 63 and died in Seattle where he was born and raised. The cause was congestive heart and kidney failure, the final outcome of a pneumonia diagnosed at the end of 2015. He worked joyfully (and determinedly) for years while under treatment for heart and kidney insufficiencies, and had an array of other chronic disorders.

Peter was a private practice physician who collaborated nationally and internationally with academic physicians and other clinical doctors to conduct research into the diagnosis and outcomes of prostate cancer treatment. His specialty was brachytherapy. Introduced in Europe, he and his partner Dr. John Blasko of the Swedish Hospital Tumor Institute Group brought it to the United States and pioneered its development and implementation in the US in the late 80's. In 2012, he left the group to establish the Prostate Cancer Treatment Center.

Over his lifetime he travelled throughout the world giving lectures, training, and consulting with policy makers. He published numerous articles in scientific journals was the lead author of the Prostate Cancer Treatment Book, a handbook for patients with chapters written by an international expert in each treatment choice. He founded the Prostate Cancer Treatment Foundation, whose mission and purpose is to help patients make informed choices about treatment. It allows a patient to compare 10-year outcomes of every treatment plotted against his cancer stage utilizing the results of every article on cancer treatment published world-wide. He was constantly imagining improvements in diagnosis and treatment, and over the years was granted 3 patented improvements which are use today.

Peter always attributed his success to the support, inspiration, and compassion given him along the way. He said, "I learned you didn't have to know how to do everything, you just needed to know someone who did." He was also open about his own struggles, because as he said, "It isn't about the falling down, it's about the getting up."

Born the middle son of nine brothers and raised on Capitol Hill with the other large Catholic families of the 50's, Peter developed a lifelong sense of the joy of the loyalty and inclusion that derive from team play. He never forgot those Jesuits who mentored him through his teen years at Seattle Preparatory School ('70) and Seattle University ('74). He was a lifetime supporter of their mission of inclusion and justice. He was grateful to the Chicago College of Osteopathic Medicine (now Midwestern University) for accepting him after a slew of rejections from other schools. It was during this period that he met, Dawn Winters and her daughter, Robyn Bell. They married and became a family in 1978, five months before he began his internship at Eastmoreland General Hospital in Portland.

His experiences led him to pursue a residency in Radiation Oncology at UCLA where Peter said people much smarter than he taught him a lot. He was thrilled to be accepted to the Swedish Hospital Tumor Institute Group, and returned to his beloved Seattle in 1985. Peter was an explorer and innovator with an entrepreneurial spirit, and the Tumor Institute gave him leeway to execute his ideas.

When he returned to Seattle, Peter noticed a degradation of the fishing fields and connected with other concerned people. He began raising salmon fry in incubators at his cabin on Hood Canal and joined a consortium of fishermen, scientists, tribes, government entities and citizen known as the Hood Canal Salmon Enhancement Group. He was honored to be on the board of Long Live the Kings, an organization that seeks to coordinate the efforts of salmon groups across the state.

He was an active member of the Washington Osteopathic Medical Association. He was always willing to speak at seminars and delighted to participate in many of the pre-med forums that WOMA sponsored at his alma mater, Seattle University. He felt privileged to be asked onto the board of The Pacific Northwest University of Health Sciences. One of his proudest moments of 2012 was the graduation of the school's first contingent of medical students.

He will be sorely missed by his patients, his staff, his colleagues, friends, and all the young people he counselled. He is survived by his wife, Dawn, his son Justin, his daughter Robyn (Omar) Vera, his three grandchildren, Daniel, Malik, and Alexandra, eight brothers, one sister, and several nieces and nephews and a large extended clan.

William "Willie" M. Williams, D.O.

Age 83, William Miles Williams D.O. passed on Dec 14th at his home in Edmonds.

Born Nov. 28, 1932 in Angora, Nebraska, he graduated from Puyallup High School 1950 where he was a proud member of the Vikings Championship Football Team and budding musician swinging the stand-up bass.

He received a B.S. degree from the University of Washington and graduated from the Chicago College of Osteopathic Medicine in 1957. He interned at Kansas City College of Osteopathic Medicine in 1957-58 and awarded intern of the year. He opened his first general practice in Washington in 1958 and joined the staff at Waldo General Hospital. He became Chief Anesthesiologist and Board member there in 1967 until he retired in 1992.

He was involved in the UW Alumni Association, CCOM and Musicians local #76. Dr. Williams served WOMA in several capacities over the years, including several terms on the Department of Public Affairs and President in 1971-72. During his retirement he dabbled in horse ownership and traveled often with his longtime companion Gloria Walker (deceased) with a casino always on the itinerary.

Glenn Kirk Gastineau, DO

Dr. Gastineau passed away on Saturday, April 30, 2016, in Tulsa, OK while visiting his family. His death was completely unexpected. A member of WOMA and the AOA for many years, Dr. Gastineau practiced in Kelso/Longview, WA with Kaiser Permanente Physicians and Surgeons until his death. He was a 1982 graduate of the Oklahoma College of Osteopathic Medicine. He had also practiced at the Clinton, OK Family Care Clinic, Clinton Veterans Center, the Clinton Indian Hospital, and the Indian Crow Agency in Montana.

Glenn Kirk Gastineau was born Oct. 31, 1956, to Glenn and Sue Carol (Walton) Gastineau, in Clinton, OK where he lived until graduation from Clinton High School in 1974. Gastineau's undergraduate degree was from Southwestern Oklahoma State University where he received B.S. degree in chemistry, biology and pharmacy. He was a member of the Catholic Church and enjoyed photography, skiing and traveling.

He is survived by his partner, Mario Viscarrett of Kalama, WA; his daughter Emily Gastineau; two sons, Stephen and Kyle Gastineau; his parents, Glenn and Sue Gastineau; two brothers, Mike and Joe Gastineau. He is also survived by his grandchildren, nieces and nephews.

He was preceded in death by his wife, Kim; grandparents, Carl and Lucille Walton, Gilbert Gastineau and Letha and Jay Slakey.

2017 Tech Topics Selected by HCA

The Health Care Authority (HCA) has selected for review five technology topics in 2017 by its Health Technology Assessment (HTA) Program. The public can submit information for consideration in review of these topics until 5 p.m., May 19, 2016, by visiting www.hca.wa.gov/hta and emailing responses to: shtap@hca.wa.gov.

Technologies selected for review include:

- Extracorporeal shock wave therapy for musculoskeletal conditions: A noninvasive treatment based on ultrasound technology, used for a variety of conditions including treatment of kidney stones.

- Interventions for treatment of migraines/headaches: Non-pharmacologic treatments for headaches including Botox injections, transcranial magnetic stimulation, nerve destruction, acupuncture and massage.

- Varicose veins: Chemical ablation, stab phlebectomy and laser ablation.

- Skin substitutes: Review of skin substitute products for treatment of complex and/or non-healing wounds.
- Mammogram: computer-aided detection: Technology to improve early detection of disease.

In addition, one health technology previously reviewed by HTA is selected for update or re-review based on new

evidence that may change the previous coverage decision:

- Artificial disks. New literature and new indications support a re-review.

The HTA Program was created by the Legislature to review health care technologies with evidence-based criteria, making sure that they are safe and effective, and that they offer a significant benefit before recommending their use to state health care programs including Apple Health (Medicaid), the Public Employees Benefits Board (PEBB) Program, and the Department of Labor & Industries (workers' compensation program).

The ultimate selection of technologies for review is made by Health Care Authority Director Dorothy Teeter, with consultation from participating state agencies.

HCA contracts with an independent entity to produce scientific, evidence-based reports on the selected health technologies. A clinical committee reviews the reports to determine whether state-purchased health care should pay for the technology. Public comment is also accepted for each topic upon publication of draft key questions, draft evidence reports, at public meeting(s) of the Health Technology Clinical Committee, and on draft determinations.

After this public comment period closes, HTA will begin work on these reviews.

Time for a Change

This year we celebrate the 115th birthday of the Washington Osteopathic Medical Association and the 111th anniversary of its incorporation in the State of Washington. WOMA has been a constant advocate for the osteopathic physicians practicing in the State. And while incidents of discrimination still pop up, the blatant discrimination of years past has all but been eradicated by WOMA's efforts.

Many DOs today are unaware that the reason that DOs are included in laws and rules regulating physicians (not just MDs) is because of WOMA's diligence in reading through hundreds of proposed bills and lobbying for your practice rights and privileges. Through WOMA's efforts, DOs have their own licensing board and representation on State medical advisory committees and workgroups making decisions on best practices and which treatments and medications will be covered by

payers. Many are able to earn some, if not all of their AOACME credits through WOMA programs in Washington. If more specialists were to get involved in the planning and presentation of CME more specialty programs would be provided.

Today fewer DOs in active practice support, through membership, what WOMA does, even though the number of DOs practicing in Washington has increased dramatically over the last few years. In order to reduce costs and make the transition in 2017 to a new executive director easier, it may be time to look at downsizing the Board of Governors and increasing participation on committees to help re-distribute the work load for the inclusion and benefit of all members. This issue will be on the annual meeting agenda, on Friday, June 24th during the convention at Semiahmoo. All members are encouraged to participate.

Open Forum Meeting For Implementation of Hospital Pharmacy Associated Clinic Licensing

The Pharmacy Quality Assurance Commission (Commission) program will be holding an Open Forum stakeholder meeting and webinar to discuss the implementation of Substitute Senate Bill 6558 (SSB 6558) which was signed by the Governor on March 31, 2016. Under this bill, a timeline is established for the implementation of an emergency rule which will allow a hospital pharmacy license to include individual practitioner offices and multi-practitioner clinics owned, operated or under common control with a hospital and necessitates that these offices and clinics are to be regulated, inspected and investigated by the Commission according to the level of service they provide as enacted in July 2015 by the passage of Engrossed Substitute Senate Bill 5460 (ESSB 5460).

Stakeholders are invited to actively engage in this process. Pharmacy commission members, staff and inspectors will attend the meeting, which will have an in-person and an online participation option

If you have any questions, please contact Richard Cieslinski R.Ph., Rules Coordinator, at Richard.cieslinski@doh.wa.gov
When: Tuesday, May 10, 2016
Time: 2 to 4:00 p.m.

Where: Washington State Dept. of Health, Kent Regional Office
20425 72nd Avenue S, Building 2, Suite 310, Room #3
Kent, WA 98032

Webinar: Join us for a webinar on May 10, 2016 at 2:00 PM PDT.

Register now!

<https://attendee.gotowebinar.com/register/6232716176657982723>

An executive search committee has been appointed to select a new executive director. If you know anyone who may be interested in this position, the applicant should have experience in association management, including skills in meeting planning, database and website management, desktop publishing and accounting. The position includes managing the Washington Osteopathic Foundation and Osteopac. Those interested should send a letter and resume to Executive Search, WOMA, PO Box 16486, Seattle, WA 98116-0486.

Nominees for 2017 WOMA Board Executive Committee

Office	Nominee	Term
President-elect	Rose-Marie Colombini, DO	January 1-December 31, 2017
Vice President	Rebecca Locke, DO	January 1-December 31, 2017
Secretary	David Farrell, DO	January 1-December 31, 2017
Treasurer	Mark Hunt, DO	January 1-December 31, 2017

(Dr. Scott automatically assumes the office of President. Dr. Fannin will serve as Immediate Past President)

Trustees

District	Nominee	Term
I (elect one)	David Escobar, DO	January 1, 2017-December 31, 2018
II (elect one)	Suzanne Laurel, DO	January 1, 2016-December 31, 2017
III (elect two)	Christen Vu, DO	January 1, 2016-December 31, 2017
IV (elect one)	Paul Emmans, Jr, DO	January 1, 2016-December 31, 2017
V (elect one)	David Hofheins, DO	January 1, 2016-December 31, 2017

Trustees with Terms Expiring December 31, 2017

District I	Nathanael Cardon, DO
District II	Jeanne Rupert, DO
District III	David Lukens, DO
District IV	Amber Figueroa, DO
District V	Heather Phipps, DO

Institutional Member

Marc Cote, DO (PNWU) January 1, 2015-December 31, 2016

Postgraduate Member

Jeremy Jie Casey, DO January 1, 2015 –December 31, 2016

Student Representative

Rachel Kim, OMSII January 1, 2015-December 31, 2016

Department of Public Affairs (to be elected by Board of Governors in September)

Chair David Escobar, DO*	January 1, 2016 – December 31, 2016
BOG Representative Rebecca Locke, DO	January 1, 2016 – December 31, 2016
BOG Representative Scott Fannin, DO	January 1, 2016 – December 31, 2016
At-Large Dan Dugaw, DO	January 1, 2015 – December 31, 2017
At large John W Fuchs, DO	January 1, 2016 – December 31, 2017
At large David Gillingham, DO	January 1, 2016 – December 31, 2018
At large TBA	January 1, 2016 – December 31, 2018
At large TBA	January 1, 2017 – December 31, 2019
At Large TBA	January 1, 2017- December 31, 2019

AOA Delegates and Alternates

(Elect one for each position)

Position	Nominee	Term
Delegate #1	David Lukens, DO	January 1-December 31, 2017
Delegate #2	Amber Figueroa, DO	January 1-December 31, 2017
Delegate #3	Paul Emmans, Jr., DO	January 1-December 31, 2017
Delegate #4	Harold Agner, DO	January 1-December 31, 2017
Delegate #5	Scott Fannin, DO	January 1-December 31, 2017

Financial Relationship Information Goes Public June 30

What is Open Payments?

When a drug or device company gives a physician or a teaching hospital—stocks, money for research, gifts, speaking fees, meals and other payments—The Open Payments Program is required to collect information about those payments and share it with the public.

Why is Open Payments important to physicians?

Data about the payments you receive is shared on a public website, **so your patients can see it**. Before the public can see it, you are given a period of time to review (and dispute if needed) any data reported about you.

You should check your data every year, even if you do not think there is data reported on you. Drug or device companies could submit older data from previous years. Once data is submitted, for the previous year or older years, the review and dispute period is the only time that physicians can use to dispute the data before it is public.

If you didn't use the review period—check your data on June 30. If there is anything inaccurate, make sure you dispute it quickly. Your chance to dispute the data will expire at the end of the year that the record is published. For example, a record published in June 2015 can only be disputed until December 31, 2015.

Reviewing your data?

Register to review data reported about you at <https://www.cms.gov/OpenPayments/Program-Participants/Physicians-and-Teaching-Hospitals/Registration.html>

Questions about Open Payments?

Contact the live Help Desk at openpayments@cms.hhs.gov to submit your question. You can also reach the Help Desk by calling 1-855-326-8366, Monday through Friday, from 8:30 a.m. to 7:30 p.m. (ET) excluding Federal holidays.

A Practice Pathway in Addiction Medicine is Endorsed by the AOA

On April 12, 2016, the American Osteopathic Association (AOA) passed a resolution that will provide physicians with a pathway to an AOA subspecialty certification in Addiction Medicine.

Since 2002, when the AOA closed the clinical pathway to the addiction medicine subspecialty/CAQ, 390 osteopathic physicians sought and obtained an ABAM certification outside of the AOA. ABAM recently entered into an agreement under which its certification program will be administered by the American Board of Preventive Medicine (an American Board of Medical Specialties, ABMS board) and the new subspecialty of Addiction Medicine will be open to any physician certified by any of the 24 Member Boards of the ABMS. As a result, osteopathic physicians who have primary certification from AOA Certifying Boards are effectively shut out of the ABMS process.

The resolution calls for the AOA to create a mechanism to allow those osteopathic physicians who have an active AOA primary certification and an active ABAM certification to be granted subspecialty/CAQ certification in Addiction Medicine, with a requirement that they maintain such certification through the AOA's Addiction Medicine Osteopathic

Continuous Certification (OCC) process.

"For 30 years, opening a practice pathway for an Addiction Medicine CAQ has been promoted by the American Osteopathic Academy of Addiction Medicine (AOAAM). It has been a key part of our mission and couldn't come at more critical time," said AOAAM President Dr. William Morrone. "With the exponential increase of substance misuse and addiction, expanding the expert workforce needed to wrestle the challenge is paramount. Every past president should be recognized for their dedication, perseverance and commitment in making this possible," said Dr. Morrone.

It is anticipated that specific decisions related to CAQ pathway, future certification, recertification exams, and maintenance of osteopathic certification will be announced after the resolution is presented to the 2016 AOA HOD in Chicago.

Members will receive more detailed information as it becomes available. AOAAM is hosting a small town hall session at the ASAM 2016 Annual Conference in Baltimore where AOAAM officials can provide more details about the ramifications of this milestone and answer questions.

DO Day Provides You with Opportunities to Get Acquainted with Your Legislators.



Representative Sharon Wylie (center) was one of several legislators and their staff sharing lunch discussions with WOMA members, PNWU students and faculty and residents.

Special thanks go to Vicky Koch, Executive Assistant to Dean Thomas Scandalis, DO, who scheduled all of the meetings with legislators on DO Day.

DO Day in Olympia

DO Day in Olympia was celebrated on Tuesday, February 23rd when seventy-plus osteopathic physicians, PNWU medical students, PNWU and WOMA staff and lobbyist David Knutson set their sights on the offices of state senators and representatives to discuss health care issues on the plates of the legislators this session.

For DO Day in Olympia, in addition to providing blood pressure checks and OMT, the osteopathic physicians, medical students and staff made it a point to stop by most of the offices of the 147 members of the Washington State Legislature. It was a day to make legislators aware of the osteopathic medical profession and its contribution to health care in Washington State. Due to the limited time allotted for visits (often ten

minutes or less) participants focused on a few issues.

First was the need for funding for more GME programs. Several legislators requested more information and were introduced to Brandon Isaacs, DO who is the PNWU Assistant Dean of Postdoctoral Education and serves with WOMA's representative Marc Cote, DO on the Family Medicine Education Advisory Board to advise the medical schools on the implementation of the Family Medicine Residency Network, including the selection of areas where affiliated programs will exist, the allocation of state funds and procedures for review and evaluation of the programs.

WOMA again pleaded the request to increase the number of members serving on the Board of Osteopathic

Medicine and Surgery, which has not increased since it was created in 1979. House Bill 1275 would have added two DOs, an osteopathic PA and a public member to share the workload with case management, hearing panels, rule-making and other responsibilities. It did not pass and will be back next year.

House Bill 2335 did pass and provides mandatory standardization for credentialing which will reduce turnaround time for applications and enable providers to start seeing patients earlier

All WOMA physician member participants were eligible for a drawing for a 2016 Convention Physician Registration package. Congratulations to the winner, David Gillingham, DO. Please join us on March 1st next year for your chance to win!



Clockwise from upper left: Rep Sherry Appleton lunches with WOMA members and PNWU Faculty & Staff; OMM Demonstrations, Rep. Brad Klippert (wearing the hat) meets with students and residents; students provide blood pressure checks.

2016 Legislative Review

HB 1275: Increasing the number of members on the board of osteopathic medicine and surgery

If approved, the current board of six DOs and one public member would have been increased to eight DOs, two public members and a DO physician assistant. The number of licensed DOs has more than tripled since the board was established, significantly increasing the workload for case management and hearings. The increase in board members will increase efficiency in their work. The bill died in the House Rules Committee and will be re-submitted by WOMA in the 2017 session

HB 2319: Concerning prescription drug insurance continuity of care.

Concerning prescription drug insurance continuity of care. Requires health care service contractors to continue to cover prescription drugs for enrollees under certain circumstances. Prohibits health care service contractors from increasing out-of-pocket costs for prescription drugs under certain circumstances. The bill died in the House Rules Committee.

HB 2332: Removing an expiration date concerning the filing and public disclosure of health care provider compensation.

Legislation passed in 2013 laid out the requirements for issuers to provide provider contracts and compensation agreements to the Office of the Insurance Commissioner (OIC); the law also made the information exempt from public disclosure. The 2013 law struck a balance between providing the OIC with the tools it needed for regulatory purposes and preserving the confidentiality of the information. This information is important for the OIC to have from a consumer protection perspective. Making the information public would upend the competitive system set up by the Patient Protection and Affordable Care Act. This bill is a duplicate of federal requirements. The provider contracts and compensation

agreements are often the product of lengthy, confidential negotiations. Confidentiality encourages providers to differentiate themselves in the market, which makes the market healthy. Signed by the Governor

HB 2335: Addressing health care provider credentialing.

Requires health care providers to submit credentialing applications to a single credentialing database and requires health carriers to accept and manage credentialing application from the same database. Provides that health carriers have up to 90 days to make a determination regarding the approval or denial of a provider's credentialing application. Provides that after June 1, 2020, the average response for the health carrier to make a determination regarding the approval or denial of a provider's credentialing application must not exceed 60 days. Signed by the Governor

HB 2350: Defining the administration of medication by medical assistants.

Specifies that a medical assistant's ability to "administer" medication means both the retrieval and application of medication. Signed by the Governor

HB 2432: Concerning substance abuse monitoring for licensed veterinarians, osteopathic physicians and surgeons, and osteopathic physician assistants.

Requires the state board of osteopathic medicine and surgery to enter into a contract with a voluntary substance abuse monitoring program when implementing an impaired osteopathic practitioner program. Increases the surcharge for new licenses and license renewals for osteopathic physician assistants from \$25 to \$50. This places into law what has been in place for several years with the Washington Physicians Health Program. Signed by the Governor.

HB 2448: Concerning the practice of certain East Asian medicine

therapies. Requires the Department of Health, in consultation with the East Asian Medicine Advisory Committee, to adopt rules regarding the definition of point injection therapy and substances administered as part of point injection therapy.

Includes East Asian medicine practitioners in the definition of "practitioner" under the Legend Drug Act. Signed by the Governor

HB 2452: Creating the interstate medical licensure compact.

WOMA voiced concerns with the cost of implementing this bill, especially with the amendment placing all liability of cost overruns on the MD and DO license programs which will likely increase license fees. A WOMA-requested amendment provided that only those utilizing the services through the compact should be required to cover the cost overruns of the program. WOMA endorses having the ability to credential multiple state licenses through one agency, but would like to see the actual implementation costs before committing DOs and MDs to this financial obligation. The bill died in House Rules.

HB 2458: Concerning participation in the prescription drug donation program.

Except in limited situations, the Pharmacy Quality Assurance Commission prohibits pharmacists from accepting drugs and supplies for return or exchange after they have been removed from the premises where they were sold, distributed, or dispensed. Exceptions apply to drugs that have been dispensed in unit dose forms or in a sealed ampoule that allows the pharmacist to determine if it has been tampered with and that it meets standards for storage conditions, including temperature, light sensitivity, and chemical and physical stability. In addition, pharmacies serving hospitals and long-term care facilities may accept

continued on page 9

continued from page 8

drugs for return and reuse under similar circumstances. Controlled substances may not be returned to a pharmacy except to be destroyed. There are liability protections for entities that donate, accept, or distribute prescription drugs that have been exchanged through a drug donation program. Under the program, practitioners, pharmacists, medical facilities, drug manufacturers, and drug wholesalers may donate prescription drugs for redistribution without compensation. The drugs must meet specific packaging standards and pharmacist review requirements. Approved drugs may be distributed to any patient, but priority is given to patients who are uninsured and have an income of 200 percent of the federal poverty limit or less. Individual persons and their representatives are added to the types of donors who may donate unused drugs to a pharmacy for redistribution under the prescription drug donation program. Individual persons who wish to donate to the program must complete and sign a donor form, developed by the Department of Health, to authorize the release and certify that the donated prescription drugs have not been opened, used, adulterated, or misbranded. A pharmacist must, in his or her professional judgment, determine that the drugs were stored under required temperature conditions using the drugs' time temperature indicator information. The term "time temperature indicator" means a device or smart label that shows the accumulated time-temperature history of a product through the entire supply chain. The requirements that priority for the distribution of donated drugs be given to persons who are both uninsured and have an income that is at or below 200 percent of the federal poverty level are changed to remove the income standard. The term "uninsured" is defined as a person who either: (1) does not have health insurance; or (2) has health insurance, but that insurance does not include coverage for a drug that has been prescribed to the person. Signed by the Governor

Washington D. O.

HB 2681: Authorizing pharmacists to prescribe and dispense contraceptives. WOMA opposed the original bill which would have authorized pharmacists to prescribe and dispense self-administered hormonal contraceptives to a patient who is at least 18 years old. The substitute bill authorizes pharmacists to enter into agreements with the state health officer or a county health officer in order for the pharmacist to initiate or modify drug therapy related to self-administered hormonal contraceptives and requires the Pharmacy Quality Assurance Commission to develop a sign or sticker for pharmacies in order to increase awareness of the availability of contraceptives in pharmacies. The substitute bill was signed by the Governor

HB 2725: Addressing the authority of pharmacists to dispense prescription drugs. A pharmacist may dispense a prescription drug to a patient with an expired prescription if (1) reasonable efforts to contact the prescribing practitioner were unsuccessful, (2) the patient has been on a consistent drug therapy, (3) the drug is not a controlled substance, and (4) the amount does not exceed a 30 days' supply or the standard unit of dispensing. A pharmacist may not dispense drugs to the same patient without a prescription within a twelve-month period. It is specified that the exception does not limit the terms of a collaborative drug therapy agreement or alter the authority of the Pharmacy Quality Assurance Commission to allow for other exceptions to the prescription requirement. The bill died in the House Rules Committee.

HB 2730: Concerning the prescription drug monitoring program. WOMA opposed the original bill which would have required that prescribers query the PMP prior to prescribing a schedule II or III controlled substance for non-cancer chronic or intractable pain. The substitute bill removed that provision and the bill is limited to including health care facilities or

entities, instead of the personnel of such facilities or entities; and expands access to the PMP to include health care provider groups of five or more providers. The Governor signed the bill.

HB 2865: Requiring hospitals to request information on advanced registered nurse practitioners and physician assistants. Requires hospitals or facilities to request specified employment and professional discipline information from advanced registered nurse practitioners and physician assistants before granting or renewing clinical privileges or association. The Bill Language may have to be amended to insure inclusion of osteopathic physician assistants licensed under RCW 18.57A. The bill dies in the House Rules Committee.

SB 5145: Concerning the membership of the health technology clinical committee. Requires at least one member of the Health Technology Clinical Committee (Committee) to be appointed from nominations submitted by the Washington Osteopathic Medical Association or the Washington State Medical Association. Requires that any rotating clinical expert selected to advise the Committee be a non-voting member. The Governor's veto was overridden and the bill became law.

SB 6156: Reauthorizing the Medicaid fraud false claims act. Delays the termination and repeal, under the sunset act, of the qui tam provisions of the Medicaid fraud false claims act. WOMA opposed because the qui tam provisions allow an individual to report suspected fraud to the Attorney General (AG), and the AG is obligated to investigate the reports. If the AG decides not to go forward, the individual can go forward separately. The prospects for high-quality cases are minimal after the AG has decided not to file a case, but the costs to providers are heavy both financially and on their

continued on page 10

reputations. The bill is unbalanced. The attorney's fees and costs provisions are skewed in favor of relators to the detriment of defendants. Even when a defendant wins, the standard for attorney's fees and costs is unreachable. Plaintiffs get fees and costs and defendants never do. Signed by the Governor

SB 6203: Updating statutes relating to the practice of pharmacy including the practice of pharmacy in long-term care settings. Updates statutes relating to the practice of pharmacy including the practice of pharmacy in long-term care settings. Signed by the Governor

SB 6421: Authorizing the use of epinephrine autoinjector devices through collaborative agreements. Prescribing health care practitioners may prescribe epinephrine autoinjectors to restaurants, recreation camps, youth sports leagues, amusement parks, colleges, universities and sports arenas. These entities or organizations may acquire and stock a supply of epinephrine autoinjectors if they are stored in an area that is accessible in an emergency and in accordance with manufacturer instructions and Department of Health (DOH) requirements.

Employees of an entity or organization must complete a training program before they are able to administer an epinephrine autoinjector. The entity or organization and its employees are not liable for damages due to use of an epinephrine autoinjector so long as their acts do not constitute gross negligence or willful or wanton misconduct. Incidents of use of an epinephrine autoinjector must be reported to DOH and DOH must publish an annual report that summarizes use of epinephrine autoinjectors by entities or organizations. Signed by the Governor

SB 6445: Clarifying the role of physician assistants in the delivery of mental health services. Physician

Suicide CME Requirement

The Board of Osteopathic Medicine and Surgery is currently developing rules to implement the new CME requirement. While these rules are under development, osteopathic physicians and osteopathic physician assistants need to accrue 6 hours of CME training in suicide assessment, treatment, and management by the end of their first full CME reporting period beginning after January 2016.

RCW 43.70.442(10)(b) defines "Training in suicide assessment, treatment, and management" as 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 board will accept CME credits that reasonably fit into that language.

Beginning July 1, 2017, in order for the training to meet this requirement,

assistants are added throughout the mental health code alongside references to psychiatrists, physicians, and psychiatric advanced registered nurse practitioners. A physician assistant is able to sign a petition for involuntary detention of a patient if his or her supervising physician is able to review the petition before it is filed. Both physician assistants and osteopathic physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their MQAC-approved delegation agreement. Physician assistants may not practice beyond the scope of their supervising physician's own scope of expertise and practice. Signed by the Governor

SB 6519: Expanding patient access to health services through telemedicine and establishing a collaborative for the advancement of telemedicine. Creates the collaborative for the advancement of telemedicine to enhance the understanding and use of health services provided through telemedicine and other similar models in the state. Signed by the Governor

it must be on the Department of Health-developed model list of trainings—see RCW 43.70.442(5)(d). The department is currently adopting the rules for this model list. They will be effective June 30, 2016. In the interim, the board, unlike the medical quality assurance commission, is not approving CME programs on an individual basis. Rather, the board has stated that it will accept CMEs that total 6 hours in length and reasonably fit the language in the definition above.

You are not required to have your individual CMEs approved by the board unless you are audited. If the CME that you took was empirically supported, included suicide screening, assessment, referral, treatment, and management, and was at least 6 hours long, it satisfies the requirement.

WOMA is not currently planning any AOA Category 1-A programs on suicide training. A discount for WOMA members is being made available from two respected providers of training on suicide risk assessment, treatment and management. For instructions to receive a 15% discount on the QPR for Physicians and Physician Assistants Webinars, go to www.woma.org, log in with your email and password, select the Member Benefits tab under Membership and follow the instructions.

The Washington State Psychiatric Association provides WOMA members a \$50 discount on their six-hour Training in Suicide Care instructed by Jeffrey Sung, MD. For more information go to <http://www.wapsychiatry.org/suicide-care>.

Is Your Email System Rejecting WOMA Emails?

We have noticed an unusual number of emails returned to WOMA due to suspected SPAM, especially from users of Office 365 using the McAfee spam filter. Please check your settings and make sure that kitter@woma.org and hmattson@woma.org are not being diverted to your junk email box.

If you find WOMA email in your junk email box, you can right click on the email and click on Junk Email and click on add sender to safe senders list.



Bear Droppings... ..

by Loren H. Rex, D.O.

I realize that no one has asked me how I would change medical education so I am about to tell you my ideas. I have heard all the arguments as to why my ideas won't work and the main reason seems to come down to that we don't have the will to try them, so I don't need to hear all the NO reasons again.

I would shift most of the Basic Sciences to the undergrad level and keep and expand Anatomy and Physiology to reflect what we really do. If you could challenge the class successfully you were accepted. If not, try next year. There would still be enough students to fill the classes and we would have picked a lot of time to apply to my other two areas of interest.

I would have the students in clinics seeing real patients. And finally, my real area I feel we need to expand, the "real world". We should be helping our students to learn about the things coming their way such as finances and the legal world. I think any institutions that fail to prepare the school's graduates for the financial world they are sending them into are remiss in their duty. There is a reason why doctors are seen by scam artists as easy marks.

Now, we have the world of law. Without sounding like one of the conspiracy theorists, remember you are the only one in the Courtroom who has sworn to tell the truth. The judge, the attorneys and the staff are supposed to tell the truth, but they are not sworn to. So watch out for trick questions and being set up to test what you will or won't fall for. The easy marks theory in finance is just as true of the doctor in court. Most doctors are fairly bright but not quite as bright as we would like to believe, and we almost always suffer from the belief that we can't be fooled like lesser denizens of the Earth. Get ready for the ride!

I had not been in practice for long when I was called upon to testify in a case where a roofer had fallen and

sustained a compression fracture of the fourth thoracic vertebra. The company was contending that since the patient had not fallen and struck said vertebra the fracture could not possibly have been due to the fall. Obviously, for a young D.O. fresh out of school, this was going to be a slam dunk for the Plaintiff's team. Move over Perry Mason and the forces of Evil arrayed before me in the Temple of Justice. Two things I have learned over the years in my quest for accumulating scars as small badges of honor: One, I ain't always the smartest person in the room; and two, I can certainly hold my position on the gullible list. I sized this guy up and concluded he was old. In fact, he must have been nearing fifty, at least. For a guy who was still on the sunny side of forty, he was going to be a piece of cake. After the yadda, yadda, yadda portion of swearing me in, my attorney asked me to explain to the jury the mechanics of a compression fracture to the fourth thoracic vertebra. Before I could set my action plan into motion, the old Geezer asked to speak to the jury and informed them he had heard me in the past and that I was good at explaining anatomy and that the jury should listen closely to my testimony. The room was spinning and there was a hissing sound as my head filled with sailboat fuel to propel me through my upcoming trip into fame and adulation. I then proceeded to give, what to my way of thinking would have been, good for an "A" from Vesalius on a really bad day, but was probably an average Junior High level lecture on a "broke" bone. As I was waiting for the cheering to subside in my head, The "Old Man" turned to the jury, gave me a big smile and calmly pointed out that "Dr. Rex just given a good explanation of the mechanics of a compression fracture of the fifth Thoracic vertebra. He then pointed out that Doctor Rex was probably likely to know that it was the fourth vertebra that was

fractured and not the fifth thoracic vertebra he had explained. This time the "hissing" sound was my pompous ego exiting my swollen head and spreading over the floor. As we are inclined to say now a days, a teaching opportunity.

Although there are many stories of my failure to make sure my brain is in gear before I put my mouth in motion, perhaps we will do one of them at a later installment. For now, I will close with the classic screw up that many, if not most, Old Road Warriors have made at some point in their career. I am amazed that anyone can keep their world straight when they are changing time zones and trying to function at some level beyond Blithering Idiot, but I digress. I was in Perth Australia and just finishing a two and a half day seminar on something. It was the end of class and being the polite Brits that they are, they had a small token of their appreciation to give to me so that I would have something to remember them by. I was called to the front of the lecture hall, thanked profusely, and was given a nice Teddy Bear as a keepsake, along with a lovely round of applause. I was then asked to say something to the assembly and as I clutched my Teddy Bear I held it high and proclaimed "I will never forget the wonderful people of Melbourne. To which the M.C. said, "They are nice folks too, but you are in Perth mate. Oh Well!

Bear

**Mark Your Calendar
and Plan to Attend
DO Day in Olympia
March 1, 2017
and
Join Osteopac NOW!
(see page 16)**

Exhibits Needed

We appreciate the support of the following who have signed up to exhibit at the 102nd NW Osteopathic Convention on June 23-26 at Semiahmoo: AbbVie, Astavita, ATSU-SOMA, Healthy Habits, Indivior, Medical Protective, NW Osteopathic Medical Foundation, Pacific NW University of Health Sciences, and Western U COMP-NW.

More exhibits are needed to help make the meeting a success. If you know of any businesses that would like the opportunity to talk to a hundred osteopathic physicians you can direct them to the exhibit prospectus on the WOMA home page at www.woma.org or have them call the WOMA office at 206-937-5358.

New Business Partner

WOMA is partnering with Office Depot/Office Max to provide special offers and discounts to its members. Members may enjoy a special website page with an introductory 15% discount coupon as well as access to a Best Value List (savings up to 80%) and Discounted Cleaning Supply List (savings up to 50%).

If you already have an Office Depot account, you may transfer to this program and enjoy the discounts. Instructions will be available when the program goes live in mid-May.

Bylaws Amendments Proposed

At its meeting on December 4, 2015, the WOMA Board of Governors voted to recommend the following amendments to the membership for approval at its 2016 annual meeting:

Amendment 1

Article II

Section 3: Post-Graduate Trainee Membership. A post-graduate trainee membership shall be open to all graduates of schools approved by the American Osteopathic Association at the time of their graduation, and who are serving an internship, residency or fellowship. The Post-Graduate Trainee membership shall be concurrent with the training years. Post-Graduate members shall not have the privilege of voting and serving on committees but not or holding office, except for the one postgraduate member of the Board of Governors. (There are no dues for Postgraduate members).

Explanation: To increase participation of new physicians in WOMA, Postgraduate member participation in committees should be encouraged and voting privileges extended.

Amendment 2

Section 6: Probationary Membership. Probationary Membership may be granted by the Board of Governors to those osteopathic physicians and surgeons who have been suspended

or expelled for reasons other than non-payment of dues from the Association. Probationary members do not have the privilege of voting or holding office in this Association until they have completed payment of the total annual or prorated dues and their membership has been reviewed by the Board of Governors at their next regular quarterly meeting. Upon a three-fourths vote of the Board to approve active membership status, the member in question shall be notified. The annual dues shall be the same as for active members. Probationary members have the right to appeal the Board's decision to the membership at the regular annual meeting. An applicant for W.O.M.A. membership must be retained in the Probationary category until it has been ascertained by a reasonable investigation that the applicant is not in default to any contractual agreement with any provisional, benevolent or governmental agency having provided loan funds for the applicants osteopathic medical school educational costs.

Explanation: This is a housekeeping measure for the bylaws to reflect the current procedure for processing membership applications utilizing the DOH Provider Credentialing website.

SmartQuit[®] by 2Morrow

Did you know the Washington Department of Health offers SmartQuit for **free to WA smokers** who want to quit? The app was created at Fred Hutch Cancer Research Center and is the first smoking cessation app that has been shown effective in a clinical trial.

- Reach hard to reach smokers by offering an app
- Unique ACT based program
- Based on 6 clinical trials
- Full app-based program

For Smokers: To get the app for free, smokers need to fill out a shorter survey online at www.doh.wa.gov/SmartQuit

Order Free Flyers and Cards

To order free WA DOH SmartQuit cards or flyers for handing out to smokers, email: PCHCleaingHouse@doh.wa.gov

You can also download a flyer here: <http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionalsandFacilities/ProfessionalResources/TobaccoCessationResources>

To learn more about SmartQuit, visit www.2Morrowinc.com/smartquit/

If you have questions, please contact us at info@2Morrowinc.com

Please consider donating an item for the annual WOF fundraising auction on June 25th at Semiahmoo. If you would prefer to make a donation by check or credit card, please email kitter@woma.org.



PO Box 16486 Seattle, WA 98116-0486 / (206) 937-5358 / Fax (206)933-6529

Donation Registration/Receipt

Date _____ Email _____

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Address _____

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Phone _____ Fax _____

Auction Item(s): _____

Description(s) _____

Fair Market Value (per item) \$ _____

Enclosed is my auction item

I will bring my auction item to the Convention with me. (Preferred method)

Enclosed is a cash donation

Donor Signature _____

If appropriate, we will provide a certificate representing your item and include a description and photo (if available) provided by you.

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**.

Date _____ By _____

Washington Osteopathic Foundation

Please complete and return to PO Box 16486, Seattle, WA 98116-0486 or Fax to 206-933-6529 or email to kitter@woma.org. A signed receipt will be returned to you.

WOMA 2016 Primary Care Update

Session Descriptions

WOMA's CME Committee has assembled an excellent array of topics and speakers for this year's convention program. Following are descriptions of the different sessions being offered:

Upper Extremity Lectures and Lab

The Upper extremity is a very common, yet undertreated, area of pain, acute and chronic. Somatic dysfunction of the arm can be determined commonly by obtaining an osteopathic history and by observation and henceforth by determining the mechanism of injury. Once the mechanism is determined, osteopathic technique can be applied to the area by treating somatic structures including, bones, joints, muscles, fascia and nerves. This series of lectures and labs will describe how to determine the mechanism of injury and a myriad of osteopathic techniques in order to treat said dysfunctions.

Cannabis and the Healthcare Professional: Does Legalization Really Matter?

Legalization of medical and recreational marijuana in Washington has important implications for health care professionals and their patients. This rapidly changing political, regulatory, and scientific landscape can be challenging to navigate for busy health care professionals. This session will provide attendees with critical updates regarding these issues to assist in clinical decision-making related to cannabis use.

The Heroin Epidemic

Washington State, along with the rest of the country is seeing higher rates of opioid use disorders and opioid overdose related deaths than ever before. Local, State, and National efforts are being made to address this epidemic. As providers, understanding what evidence based treatments are available for persons with opioid use disorder and what concrete actions can be taken now

to prevent the onset, support the treatment of and prevent opioid related overdose events is critical. This presentation will provide an overview of scope of the opioid epidemic and what can be done to address this crisis.

Sports Dermatology for Primary Care

Sports Dermatology includes a wide variety of conditions that may affect the athlete's skin. This lecture will highlight many interesting cutaneous disorders that have been encountered with high school, collegiate, and Olympic athletes. The dermatologic manifestations and side effects of anabolic-androgenic steroid abuse will also be discussed.

Appropriate Use of Botulinum toxins for Neurologic Disorders

The mechanism of action of the botulinum toxins will be demonstrated utilizing slide and video demonstrations. The differences and similarities of Botox, Myobloc, Xeomin and Dysport botulinum toxins will be reviewed. The therapeutic options for use of the botulinum toxins will be discussed related to benefits for control of involuntary movements, spasticity, muscular pain, migraine and siallorhea.

Recognition of the indications for the use of botulinum toxins will be enhanced with videos and discussion of the types of dystonia and other movement disorders.

Diabetic Renal Disease in the Primary Care Setting

Diabetes mellitus is the most common cause of end stage renal disease in the United States and most of the western world. A majority of these cases are due to Type 2 diabetes which in turn are directly related to the obesity epidemic. As with other conditions, early recognition and intervention can slow down the progression of the renal manifestations. This presentation will explore the pathophysiology,

early identification, associated risk factors and treatment interventions for diabetic renal disease.

TB Update

The tuberculosis session will review the epidemiology of Mycobacterium tuberculosis and discuss the risk stratification and assessment of various cohorts of patients. The role and special considerations in utilizing the serological test for latent TB will be presented. The continued role of skin testing and its interpretation will be reviewed.

Allergy and Immunology

This session will present an update on current topics in the field of Allergy and Immunology. A wide range of timely topics will be presented, including an update on the management of allergic rhinitis; early peanut introduction and the prevention of peanut allergy in high-risk infants; and angioedema diagnosis and current approaches to treatment. Also discussed will be the "Choosing Wisely" initiative as applies to Allergy, Asthma and Immunology; the latest on penicillin drug allergy; food allergic aspects of eosinophilic esophagitis; and advances in the treatment of chronic idiopathic urticaria.

Cardiology

Speaker had not submitted session description at press time.

Pediatric Endocrine Issues

As Pediatric obesity largely affects all endocrine functions in growing children, the presenter will discuss both short and long term effects of this problem"

Polycystic Ovarian Syndrome in the Adolescent

PCOS is the most common endocrinopathy of women during their reproductive years. Approximately 6% of this population is affected. These patients commonly exhibit symptoms during

puberty. Some of the symptoms of PCOS are similar to normal adolescent development, therefore there is a high chance of delayed diagnosis. This session will help you develop a plan to diagnose and treat PCOS in its early stages.

Female Endocrine Issues

The adult and post-menopausal female are frequently evaluated by both primary care providers and gynecologists alike. This presentation is aimed to give an overview of commonly encountered topics including abnormal uterine bleeding, pelvic pain, and postmenopausal bleeding. We will review current treatment modalities as well.

Male Endocrine Issues

This presentation will discuss the diagnosis and treatment of low testosterone levels and vitamin D deficiency in males.

2016 Treatment Standards for Diabetes Management

This presentation will discuss what is new and changed in the 2016 American Diabetes

Association Standards of Care recommendations for the treatment of patients with diabetes.

Navigating Physician Leadership

Physicians today must engage in leadership roles in order to influence progress in healthcare, which requires attainment of skills and strategies to impact positive change. This presentation will highlight the need for physicians to develop their leadership talents and use them to advance the osteopathic profession.

Transitioning Out of Direct Patient Care

Have you wondered what is available for physicians other than the traditional practice of medicine? This session explores those opportunities and the preparation needed to transition from practice to other medically related careers.

Increasing Office Efficiency with Precepting

In this informative session we will discuss barriers to recruitment of clinical preceptors in the office setting, specifically actual or

perceived inefficiency and loss of productivity. We will discuss the literature on teaching in the ambulatory setting and identify resources to help preceptors become more effective teachers. In addition, we will explore established strategies and novel methods to increase efficiency and productivity while teaching students.

Mentoring New Physicians

This talk is to help physicians learn about the importance of mentoring new physicians and other learners. After the session, participants will be able to demonstrate an understanding of: what is mentoring; the characteristics of an effector mentor and of an effective mentoring relationship; and some best practices for mentoring.

Your support of WOMA CME programs is greatly appreciated and provides the needed funding for continued advocacy on behalf of the osteopathic profession in Washington State.

A convention brochure is available on the WOMA website at www.woma.org.

Convention Schedule Change in 2017

In an effort to avoid scheduling conflicts with residency program graduations and reduce costs, the 2017 WOMA convention at Semiahmoo will move to the first week of May. For several years WOMA's annual meeting has taken place the week after Father's Day. Because this is the prime season for hotels, sleeping room prices are higher as are minimum requirements for the number of rooms sold and food and beverage purchases. It is also the graduation weekend for residency programs, limiting participation in the convention by residents and faculty.

The dates and location for 2018 will be discussed at the WOMA annual meeting on June 24th at Semiahmoo. Returning to a Central

Washington resort is desirable and was considered, but the proposal came back considerably higher than the current location.

The challenge with meeting space is the ability to sell sufficient sleeping rooms and food & beverage to qualify for the space required for a classroom, exhibit hall and meal functions. Large spaces have minimum requirements or big price tags. Venues in Western Washington attract more participants from Central and Eastern Washington while the more moderately priced venues in Central and Eastern Washington do not get the needed turnout from Western Washington participants. A decision on the 2018 convention location will be made after this year's annual meeting.

Home Sought for McManus Table



Harold Agner, DO has retired and is looking for a good home for the vintage McManus Table he acquired years ago from Bill Utter, DO. The table is in Bellevue and needs to be moved soon. For more information call 425-260-2714.

Make your Convention Hotel Reservation before WOMA's special rate room block is released May 18th online at <http://www.semiahmoo.com/rooms.htm> or call 360-318-2000 and ask for the WOMA rate

The osteopathic profession formed the Washington Osteopathic Physicians and Surgeons Political Action Committee (OSTEOPAC) several years ago to provide our profession with an avenue to support worthy candidates for the Washington State Legislature. Funds raised also sponsor DO Day in Olympia each year. Though membership is strictly voluntary, it is, no less essential to your own self-interest. OSTEOPAC can assure you maximum impact from your political contributions. Please join at whatever level you feel personally able to afford by completing the form below and send with your personal check made payable to Osteopac.

OSTEOPAC

Washington Osteopathic Physicians and Surgeons
Political Action Committee

PO Box 16486 / Seattle / WA / 98116-0486 / (206) 937-5358 / Fax (206) 933-6529

2016 Membership Registration

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

Date _____

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

_____ Retired _____ Self Employed

*Employer (if other than self) _____

*Employer Address _____

*City _____ *State _____ *Zip _____

- _____ \$ 25.00 _____ \$ 100.00 _____ \$ 365.00

_____ \$ 50.00 _____ \$ 200.00 _____ Other \$ _____

Make Your Personal Check Payable to: OSTEOPAC

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

* Information required by Public Disclosure Commission