Dr. Finch Appointed to State Board

Governor Christine Gregoire has appointed John Finch, DO to the Board of Osteopathic Medicine and Surgery. Dr. Finch is a family physician practicing in Shoreline. He is an alumnus of the University of Puget Sound and graduated from the Kansas City College of Osteopathic Medicine in 1971. He returned to the Northwest to complete his training at Waldo Osteopathic Hospital in north Seattle and has practiced in Seattle for almost forty years.

Dr. Finch is replacing Roger Ludwig, DO who just completed a five-year term. The board anticipates another vacancy in 2011 when Tom Shelton, DO completes his second five-year term. The Board is made up of six osteopathic physicians and one public member appointed by the Governor. The physician members must have been in active practice as a licensed osteopathic physician and surgeon in Washington for at least five years immediately preceding appointment. All members must be citizens of the United States and must be residents of Washington.

For more information and an application, go to http://www.governor.wa.gov/boards/application/application.asp

Physician of the Year

Dan Wolf, DO started his osteopathic medical career in the US Navy after graduating from PCOM in 1979. After leaving the Navy he worked for an HMO for many years before making the decision to venture into his own solo practice. He has spent many years volunteering with the Washington Advocates for the Mentally Ill to help patients and their families deal with a variety of devastating diseases.

This year he went above and beyond the call of presidential duty when WOMA’s lobbyist became ill at the height of the legislative session, leading WOMA officers into the world of lobbying – a very tedious and time-consuming activity, fighting for the right of osteopathic physicians to make their own medical decision-making when treating chronic non-cancer pain patients.

Dr. Wolf’s compassion for and commitment to his patients and their families became more apparent throughout this process. We appreciate his family’s sacrifices because of his involvement in this issue while maintaining a private practice. And, we appreciate his great sense of humor which provides comic relief when needed.

WOMA Fall CME at PNWU

WOMA’s Fall Seminar, Women’s Health Issues and Pediatric Update, is scheduled for Saturday, September 11 at the Pacific NW University of Health Sciences in Yakima. WOMA’s CME Committee and Program Co-Chairs Melissa Lemp, DO and Anita Showalter, DO have assembled an impressive program. The morning session will focus on women’s health issues including Incontinence and Pelvic Floor Prolapse, Heart Health, PCOS and Osteopathic Principles in the Care of the Gynecologic Patient. Presenters are Mark Uhlman, MD, Linda Welch, DO, Sharon Cathcart, DO and Anita Showalter, DO.

Attendees will have lunch and an opportunity to meet the PNWU Class of 2014. The afternoon will offer pediatric topics of Birth Trauma and Respiratory Problems – Osteopathic Management, Puberty – Early and Late Bloomers and Bone Health for Children and Adolescents. Presenters are Melicien Tettambel, DO, H Ken Cathcart, DO and Nicholas Gilman, MD.

The seminar will be followed by the White Coat Ceremony of the Class of 2014 at the Capitol Theatre. Blocks of rooms have been reserved at the Oxford Suites (509-457-9000) and the Ledgestone Hotel (509-459-3151). Be sure to ask for the PNWU room rate.

WOMA members may register online with a Visa or MasterCard by selecting Event Registration under the Education and Events tab on the WOMA website at www.woma.org. If you need help with logging in, call the office at 206-937-5358.

Registration flyers are in the mail or available at www.woma.org.

Women's Health Issues and Pediatric Update for Primary Care

September 11, 2010
PNWU
Yakima, WA
2011 Leaders Elected

At its annual meeting held June 25, 2010 at the Semiahmoo Hotel and Conference Center, the WOMA membership elected the following slate of officers for 2011.

Assuming their duties on January 1, 2011 are incoming president Stan Flemming, DO, President-elect Lyndsey Rasmussen, DO, Vice President Marc Cote, DO, Secretary Mark Hunt, DO, Treasurer Steven Leifheit, DO and Immediate Past President Dan Wolf, DO.

Trustees elected for two-year terms are District 2 Chris Peterson, DO, District 3 Michael Quirk, DO, District 4 Paul Emmans, Jr, DO and District 5 David Hofheins, DO. Drs. Tom Harris, Lindy Griffin, Scott Fannin, David Lukens, Amber Figueroa and Lynda Williamson will complete their 2-year terms in 2011.

There are currently two vacancies on the Board of Trustees. Due to the resignation of Grant Schmidt, DO in District I (Snohomish, Skagit, Whatcom, Island and San Juan Counties) and Dr. Cote’s selection to Secretary from District 3 (Pierce, Thurston, Lewis, Clark, Skamania, Jefferson, Grays Harbor, Mason, Pacific, Kitsap, Clallam, Wahkiakum and Cowlitz Counties) President Dan Wolf would like to hear from qualified members in those counties interested in serving the profession as a WOMA Board member. Please call Kathy Itter, Executive Director at (206) 937-5358 or email her at kitter@woma.org for more information.

New Members Welcome

The following applications for membership were approved by the WOMA board at its meeting on June 24, 2010:

Active
Kyoung Kim, DO TCOM’91

Associate
Mayer Horensten, DO COMS’67

Student
Dion Booras PNWU’14
Jeremy Sporrong PNWU’12

PNWU Update

By Dean Robyn Phillips-Madson, DO

PNWU-COM third year students have just completed their first block of clinical rotations in ten core rotation sites. The students are meeting every Friday for didactics which are transmitted from Yakima, and are supervised by a regional dean at each site. Thanks to the hard work by Pam Royston and Nicki Flood, things have gone very smoothly for the inaugural first block. Please email Nicki at nflood@pnwu.org or Pam at royston@pnwu.org if you would like information about becoming a PNWU-COM preceptor or joining faculty development webinars.

Significant strategic planning for residencies is being done in several of our core sites. PNWU-COM administration believes that it is irresponsible for new COMs to open without concurrently developing residency programs with at least the same number of slots as seats in each class.

PNWU-COM faculty convenes for their orientation Monday, August 1st. The 75 students of the Class of 2014 arrive on August 2nd for 4 days of orientation, which includes a half-day of community service. The Classes of 2013 and 2012 are exercising their leadership skills by assisting in the development and coordination of student orientation.

Here is the latest demographic information about the incoming class:

87% are from the Pacific Northwest region
3.48 is the average cumulative GPA
3.41 is the average science GPA
25.93 is the average of their highest MCAT score
25.76 is the average age
39 females and 36 males

Getting to Know You

WOMA is pleased to welcome new Active Member Kyoung Kim, DO. Dr. Kim is a 1991 graduate of TCOM. He completed a residency in anesthesiology at Illinois Masonic Medical Center, Rush University, Chicago in 1995 and a fellowship in Critical Care Anesthesia at Northwestern University School of Medicine, Chicago in 1997. In 1998 Dr. Kim completed a Fellowship in Pain Management at New England Medical Center, Tuft University School of Medicine, Boston. He practices in Lakewood.

Meeting Notices

The WOMA Board of Governors will have a dinner meeting at 7:00 p.m. on Friday, September 10 at the Pacific NW University of Health Sciences, 200 University Parkway, Yakima.

The Washington Osteopathic Foundation Board will meet at 6:00 p.m. at the same location.
PreMed Forums Scheduled - Your Participation Encouraged

For several years WOMA has hosted osteopathic premed forums at local universities to make sure that premed students know that have a choice in the medical degree that goes after their name. The forums have generated a lot of interest, applications and acceptance to osteopathic medical schools by students from Washington State.

Representatives from PNWU and Western UCOMP provide information on the application process and school curricula. WOMA members answer questions and share their reasons for choosing osteopathic medicine. WOMA hosts the events, providing pizza for the students and helping the students find shadowing opportunities, required by many osteopathic medical schools.

WOMA members are needed and encouraged to attend these forums, five of which have been scheduled for October:
- Uof Puget Sound – October 5
- St. Martin – October 6
- Seattle U – October 7
- Seattle Pacific U – October 20
- Uof Washington – October 21

All forums are in the evening and start at about 6:30 p.m. with refreshments. If you can participate, particularly if you are an alumnus, please contact Kathie Itter at 206-937-5358 or kitter@woma.org.

AOA House of Delegates Meeting

By Harold Agner, DO

The AOA held its annual business meeting in Chicago, Illinois from July 16 to July 18, 2010. AOA membership includes 67,000 physicians and 16,000 osteopathic medical students. Fifty-two divisional societies and 25 affiliate groups were represented by 425 delegates and 150 alternates. WOMA was represented by Drs. Dave Lukens, Paul Emmans, Jr., Lindy Griffin, Robyn Phillips-Madsen, and Harold Agner. Dr. Emmans, served on the Committee on Constitution and Bylaws, Dr. Phillips-Madsen served on the Committee on Educational Affairs, Dr. Griffin served on the Committee on Public Affairs, and Dr. Agner presented WOMA concerns regarding the future of narcotic prescribing within Washington to the Committee on Professional Affairs. Dr. Griffin’s daughter, Aurora McCone, served as page to The House for another year.

The Annual Report of the AOA was presented by Executive Director. John Crosby, JD., Highlights of the accomplishments of the preceding year are summarized below, with additional details available at www.do-online.org.

1) Increasing osteopathic graduate medical education positions
2) Providing input to congress during development of healthcare reform legislation
3) Achieved practice rights for DOs in more than 50 countries
4) Entered into a strategic partnership with HealthFusion to develop and promote electronic health records that cater to DOs unique practice characteristics
5) Launched an ICD-10 Resource Center on DO-Online to educate and provide resources related to ICD-10 implementation

143 resolutions covering a variety of topics were presented before and discussed by members of the Ad Hoc, Professional Affairs, Educational Affairs, Public Affairs, and Constitution and Bylaws Committees. The Joint Board/House Budget Review Committee reaffirmed the need for an AOA Cost of Living Dues Increase for Fiscal Years 2011 and 2012. Resolutions were then brought before the body of delegates for action. After two days of deliberation, the house approved 121 resolutions (54 with amendments), disapproved 7, and referred 13 to other bodies within the AOA for further action. Two resolutions were withdrawn by their submitting organizations before consideration. Additional details are available at www.do-online.org.

Karen J. Nichols, DO, was sworn in on July 17th as the first female and 114th President of the American Osteopathic Association by her predecessor Larry Wickless, DO. President Nichols will focus on teamwork during her term.

A Wonderful Gift

Lloyd Butler, DO, interim president of the Pacific NW University of Health Sciences, displays a remarkable disarticulated skull as he expresses appreciation to Loren H Rex, DO for donating it to the College of Osteopathic Medicine. Skulls of this quality are rare and valuable and contribute greatly to the learning experience of osteopathic medical students.

If you have or know of someone who has museum-quality osteopathic items (including McManus tables), and interested in donating such items to PNWU, please call Dr. Butler at 509-452-5100.

Misdirected Medicare Mailings

As a health care provider subject to the privacy and security requirements under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and/or under State law, you must safeguard patients’ personally identifiable health information.

If you receive a remittance advice on a Medicare beneficiary who’s not your patient, you should 1) destroy it and 2) report it to your fiscal intermediary, carrier, or Medicare Administrative Contractor, as appropriate.
Update on Pain Rules - Changes Are Coming

By Dan Wolf, DO, President, WOMA

ESHB 2876 was created as an outgrowth of the Agency Medical Directors’ Group Guidelines for the management of chronic non-cancer pain, especially as it pertains to opioid prescribing, the rapid rise in unintentional opioid-related deaths in Washington state in the past several years, and the efforts of several key people in creating legislation regarding treatment of chronic non-cancer pain, namely Dr. Mike Schiesser, pain management specialist in Bellevue, Dr. Alex Cahana, Medical Director of the pain management clinic at UW, Dr. Gary Franklin, Medical Director of L&I, and Rep James Moeller (who is also a substance abuse counselor).

ESHB 2876, regarding pain management, was passed by the Washington State House and the Senate on March 11, 2010, and approved by Christine Gregoire, Governor of WA. with pertinent aspects as below:

1. The Board of Osteopathic Medicine and Surgery (BOMS) and the other representative boards in WA state: Podiatry, Dental, MQAC, ARNP and certified registered nurse anesthetists, shall repeal current rules on pain management by June 30, 2011 and shall adopt new rules on chronic non-cancer pain management by June 30, 2011, that contain the following elements:

   A. A dosage amount in mEq of morphine sulfate that must not be exceeded unless the osteopathic physician first consults with a pain management specialist (pain management specialist as an entity to be defined prior to enactment of new rules);

   B. Exigent or special circumstances under which dose may be exceeded without consultation with a pain management specialist.

   C. Rules regarding consultation with pain management specialist must, to the extent practicable, take into account: (1) clinical situations in which repeated consultations would not be necessary or appropriate for a patient undergoing stable, ongoing course of pain management; (2) minimum training and experience that is sufficient to exempt an osteopathic physician from the pain management specialty consultation (3) methods for enhancing the availability of consultations; (4) allowing the efficient use of resources; (5) minimizing the burden on practitioners and patients;

   D. Guidance on when to seek specialty consultation and ways in which electronic specialty consultation may be sought;

   E. Guidance on tracking clinical progress by using assessment tools focusing on pain interference, physical function, and overall risks for poor outcome;

   F. Guidance on tracking the use of opioids;

2. BOMS shall consult with the AMDG, DOH, University of Washington, and WOMA;

3. Rules regarding the provision of palliative, hospice, or other end-of-life care or to the management of acute pain caused by an injury or a surgical procedure, do not apply.

ESHB 2876 will go into effect no later than June 30, 2011 and the details of the bill are to be established by workgroups comprised of two members from each representative Board, with several available “public and organizational” feedback periods during which some changes could be made by the representative Boards. Two of the workgroup meetings have already been held, with two more scheduled in the next two months. 45 minutes during the state-mandated workgroup meetings are “open mic” with public attendees asking questions of the board members present.

Dr. Wolf, as President of WOMA, attended a pain management Stakeholders work group on July 22, 2010 sponsored and facilitated by Dr. Schiesser, during which discussion ensued regarding the “working out of the possible details of the rule” with the intention of assisting the state-mandated workgroups; however, it is Dr. Wolf’s understanding that the state-mandated workgroup does not need to “pay attention to” what was discussed at the Stakeholders meeting on 7/22/10. Pertinent aspects that came out of the Stakeholders meeting on 7/22/10 include:

1. Mike Tribble, JD, Assistant Attorney General, at the meeting said that the “dose cap” could be set high so that it wouldn’t place undue burden on practitioners and patients, especially those that are stable and have documented improved quality and function of life;

2. BOMS is the authority for osteopathic physicians as to which patients get “grandfathered in, no matter what the dose cap will be” who are on stable opioid doses, with documented improvement in quality and function of life;

3. There are 3 electronic solutions available, and the stakeholders’ workgroup is in agreement that use of C-PAIN (espoused by Dr. Cahana at UW) should _not_ be mandatory;

4. The stakeholders at the meeting agreed that for practitioners not adhering to the Board/commission guidelines, the 1st response by Boards should be coaching or education of the practitioner as to what he/she should have done differently, then if continued non-adherence, last resort would be sanctions against the practitioner (Mike Tribble, JD, agreed with this);

5. There should be a checklist for practitioners (perhaps in form of a good informed consent which patient and practitioner review and sign) including but not limited to:

   a. A list of reasonable non-opioid treatment alternatives

   b. Medication options for opioid treatment

   c. Checklist of co-morbidities that have been assessed or at least considered, such as sleep apnea, mood or anxiety disorder, PTSD (as many chronic non-cancer pain patients suffered trauma or injury), substance use disorder; etc.

   d. Assessment tools

6. That Methadone should be a separate opioid category for the Boards to consider because of its unique properties and especially its very long half-life;

On July 23, 2010, Kathie Itter and Doctors Lynda Williamson, Steven Leifheit, Scott Fannin, and Dan Wolf presented to the Board of Osteopathic Medicine and Surgery respective concerns and provided clinical input regarding ESHB2876 to an attentive Board, especially WOMA’s concerns that the dose cap not be set too low, our opposition to formation of a national pain patient registry, that there needs to be compassionate treatment of the patient with chronic non-cancer pain, including non-medication strategies, and the importance of screening for comorbid medical conditions including consultation with chemical dependence counselors or addiction medicine specialists familiar with opioid dosing in patients with chronic non-cancer pain, as well as depression screens and referral to mental health clinicians for patients and their families, as it is not just the patient with chronic

continued on page 5
continued from page 4

non-cancer pain who suffers, but the whole family system. Dr. Tom Shelton, a board member who was absent that day and who is one of the two BOMS members who sits on the state-mandated workgroups, has accepted WOMA’s invitation to attend the WOMA Executive Committee meeting on August 17, 2010 so we can have a mutual discussion on the workgroup issues.

On August 19, 2010, Dr. Wolf will be representing WOMA at a meeting on chronic pain policy that the Center for Practical Bioethics is hosting in Seattle; this has been funded by a grant from Purdue Pharma (maker of Oxycontin) to do a national assessment of capacity and readiness to develop a strategic plan for a campaign to improve the treatment of people living with pain.

At the end of July 2010, an FDA panel rejected the current proposed opioid REMS (risk evaluation and mitigation strategies) as being not protective enough for patients (and also recommended against a national register of chronic pain patients).

Dr. Schiesser met with members of MQAC on 7/29/10 and here is pertinent information from that meeting (sent to Dr. Wolf via email on 7/30/10):

1. WSMA was asked to weigh in on the “dose” trigger. 2009 American Pain Society guideline lists 200 MSO4/eq as a “high dose”.

2. There was discussion regarding how many hours of CME could exempt a practitioner from having to call a pain management specialist in the event of prescribing higher than the “dose cap,” in that Dr. Cahana is developing a 16 to 20 hour CME course whereas Dr. Schiesser has already delivered his 2 hour CME presentation to many physicians who are clients of Physicians Insurance; Dr. Schiesser and MQAC agreed that 2 hours wasn’t enough and 16 to 20 hours was too much, so MQAC is asking WSMA for help on defining that portion of ESHB 2876;

3. As far as language to monitor function, pain interference, and risk for poor outcome, the commission (MQAC) intends to reference the multitude of tools in the AMDG guidelines that can be used to assess the patient (questionnaires). It will be specified that the practitioner must track these measures but doing so by pen and pencil will be within compliance with the rules;

4. Some of the next milestones are the following:

   a. Aug 25 WSMA meets MQAC (Tim Layton/Dr. Schiesser)
   b. Aug 26 Alex Cahana presents to MQAC and Secretary of Health Mary Selecky at the MQAC annual meeting (lunch). This is a public meeting.
   c. Aug 30 DOH rules meeting. Sept 14 Final DOH rules meeting

There is surely more to follow regarding the impact and final rules of ESHB 2876. WOMA will keep you posted on these developments.

WOMA Members Receive President’s Award

Joseph Engman, DO and Suzanne Laurel DO, nominated by the Western Washington Area Health Education Center, recently received The President’s Volunteer Service Award. The award says, “Presented by the President’s Council on Service and Civic Participation in recognition and appreciation of your commitment to strengthening our Nation and forming a difference through volunteer service.” It is accompanied by a letter signed by President Obama.

Dr. Suzanne Laurel has been a preceptor for the Rural Underserved Opportunities Preceptor (RUOP) program for at least ten years. University of Washington medical students come between their first and second years for 6 weeks to learn about primary care in an underserved community. Dr. Laurel and one of her partners, Lillian Wu, MD received the award. Their clinic hosts one or two students each year.

Dr. Joseph Engman’s volunteer work has been with Neighborcare, formerly Puget Sound Neighborhood Healthcare. A group of primary care based clinics serving the uninsured and the underinsured. Most have difficulty obtaining Orthopedic evaluations. Dr. Engman went to each clinic and performed consultations while instructing the Primary Care providers on office orthopedic evaluations, management and procedures. He then moved to the Swedish Community Specialty Care Clinic, formerly the Mother Joseph Clinic, which also serves the same populations.

Purdue Provides OxyContin REMS

Purdue Pharma, L.P. is introducing a Risk Evaluation and Mitigation Strategy (REMS) for OxyContin® (oxycodone HCl controlled-release) Tablets CII to educate physicians and other prescribers, pharmacists, patients, and caregivers about the potential for abuse, misuse, overdose, and addiction from exposure to OxyContin® Tablets.

In support of this, many of our members may receive packets containing OxyContin® REMS program materials. The goals of the OxyContin® REMS program are:

1. To inform patients and healthcare professionals about the potential for abuse, misuse, overdose, and addiction of OxyContin®

2. To inform patients and healthcare professionals about the safe use of OxyContin®

REMS program materials are available online for your review at www.OxyContinREMS.com. These include:

· Dear Healthcare Professional Letter
· OxyContin® Full Prescribing Information
· OxyContin® Medication Guide
· Prescribing OxyContin® Tablets CII: A Training Guide for Healthcare Providers
· OxyContin® Education Confirmation Form

Additionally, the website provides materials that discuss the risks of abuse, misuse, overdose and addiction from exposure to opioids, how to identify patients who are at risk for addiction, and information to counsel patients on proper safe storage of medications.

Save the Date!

Plan now to attend the WOMA Strategic Planning Meeting Saturday, December 4, 9:00 a.m. to 5:00 p.m. at the Doubletree Suites Southcenter. This is your chance to be involved in deciding WOMA’s priorities and direction. Look for more information in the near future on WOMA’s website, www.woma.org or contact Kathie Itter, Executive Director at 206-937-5358 or kitter@woma.org.
The bonfire marshmallow roast with S'mores fixin’s is a popular activity for the docs and their families.

District 3 Trustee Marc Cote, DO reports on his efforts to recruit more Military members who receive a reduced dues rate.

Harold Agner, DO presented the proposed bylaws amendment to streamline membership application processing.

District 4 Trustee Amber Figueroa, DO reported on a very successful DO Day in Olympia.

Dr. Lindy Griffin and husband Dave McConce (above) and Patty and Dr. Chris Clark (below) enjoy the Icebreaker Reception.

Treasurer Steven Leifheit, DO reports on the financial status of WOMA.
of Education, Business and Fun!

AOA President Larry Wickless, DO provides an update on AOA activities.

Families enjoy an amazing Semiahmoo sunset during the WOMA bonfire.

Auctioneer Loren H. Rex, DO takes bids on a set of Mickey Mouse dolls in Halloween costumes donated by Dr. Al and Karima Adatia.

The saw operators, Drs. Dan Wolf (left) and Dan Dugaw (right) take direction from Stan "Snidely Whiplash" Flemming as AOA President Larry Wickless, DO, (background) leads cheers of boos and hisses.

Mom (Lindy Griffin, DO) hysterically tries to stop the nasty Snidely Whiplash from sawing Sweet Nell, her daughter Aurora McCone, in half. Dudley D.O. Right (not pictured, but played by Loren H. Rex, DO) shows up in the nick of time to raise a $5,000 ransom to save Nell and add to the Osteopac funds to support DO Day in Olympia and campaign contributions to worthy candidates for the Washington State House and Senate races.
WOMA is grateful to the exhibitors and grantors who supported the 97th Annual Northwest Osteopathic Convention. Exhibiting were Purdue Pharma, Sanofi-Aventis, NW Physicians Network, Madigan AMC, Lippincott, PNWU, Abbott, Takeda, Northwest Osteopathic Medical Foundation, Pfizer RBU NW Primary Care, Pfizer Primary Care NW, USAF Healthcare Recruiting, Alere, A-OPTIC, Endo, Glaxo-Smith-Kline, Waddell & Reed, Western U COMP, Neuroscience, Novartis, King, Auxilium, RS Medical, Teva, Heal-WA, Reckitt-Benckiser, Cephalon, Galen, and Elsevier-Saunders-Mosby. Grantors were Northwest Osteopathic Medical Foundation, Purdue Pharma and Merck & Co.

Convention Awards

(clockwise from upper left:) Dan Wolf, DO receives Presidential Plaque; Betty Hunholz receives Honorary WOMA Membership; John Hunholz, DO is recognized for Fifty years of Membership; Loren H Rex, DO for 40 years; Tom Summe, DO for 42 years and Dwight Williamson, DO for 47 years of membership.
Online Death Filing Starts Early 2011

The Washington State Department of Health is releasing a new online Electronic Death Registration System (EDRS) to Pierce, Thurston, Mason, Benton, Franklin and Spokane counties in early 2011, with a statewide release to follow. EDRS is an internet-based death filing system for those who file death records in Washington State. EDRS streamlines the death registration process, improves the quality of the death data collected, improves communication among those who file, and uses the internet to make filing faster.

Everyone benefits with EDRS
• Physicians will quickly complete a death record from any computer with internet access and file it with a single click. This paperless system does not require extensive computer knowledge.
• Funeral homes save time and money by collecting physicians’ signatures electronically. They can view cases online and get death certificates faster.
• The people of Washington benefit by having immediate and accurate death data used to combat public health threats.

For information, contact Field Services at 800-525-0127 or EDRS@doh.wa.gov.

Elections Need Your Support

We can all agree that health care delivery continues to undergo massive changes that affect patient care and the economic future of most osteopathic physicians to one degree or another. The extent and manner of change as it affects us individually and as a professional family is most directly controlled by public policy conceived in the Legislative process and in regulatory agencies of the federal and state governments.

The changes made can prove adverse or beneficial to the osteopathic profession’s interests. Which label applies depends entirely on the level of our interest and participation as a concerted group and as individual advocates of a profession-wide position on each issue. Like it or not, a major part of our participation must be financial support of those legislators who have demonstrated friendliness to the needs and interests of osteopathic medicine. If they are not in office, they can’t help us. A good example was this year’s legislation requiring new rules for the use of opioids in pain management. It was a bad piece of legislation that WOMA leaders spent a great deal of time trying to defeat. Though their efforts did not prevent the legislation, they were able to eliminate language adopting the AMDG Guidelines and leaving the decision of the dosing cap to the boards and commissions with input from organizations including WOMA.

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. Though membership is strictly voluntary, it is, no less essential to your own self-interest. OSTEOPAC can assure maximum impact from your political contributions.

This is an election year and your donations are needed to support worthy candidates for office. The funds are also used to support DO Day in Olympia. To make a donation, please go to www.woma.org and select Osteopac under the Legislation tab. Complete and print the form and pledge or submit with your personal check to Osteopac. You are also encouraged to establish contact with your elected representatives and ask them to consider you a source when developing health care legislation and policy.

The Health Professional Scholarship program was created to attract and retain health professionals to serve in critical shortage areas in Washington State.

The Scholarship program provides financial assistance to students training to become primary care health professionals.

In return for financial assistance, participants agree to provide primary care health care in rural or underserved urban areas with designated shortages for a minimum of three years. This year the program had 33 eligible applicants and awarded 17 scholarships. All three DO applicants received awards. Scholarships also went to 6 registered nurses, 1 physician assistant, 4 nurse practitioners, 1 Licensed Midwife, 1 Dentist and 1 Dental Hygienist.

For more information about this and the loan repayment program, go to http://www.hbecb.wa.gov/paying/waaidprgm/health.asp.

Understanding Medicare Basics

Need to know the Medicare basics? The Medicare Learning Network (MLN) offers a series of web based training (WBT) courses to teach health care professionals the fundamentals of the Medicare Program. The first in the series, the World of Medicare, offers a basic introduction to Medicare. The second in the series Your Office in the World of Medicare focuses on Medicare knowledge required by health care professionals and their office personnel. Both activities now offer continuing education and are available from the MLN at http://www.cms.gov/MLNProducts/ by scrolling to the bottom of the page and selecting Web based Training Modules from the Related Links Inside CMS section of the CMS website.
WOF Scholarships Awarded

The Washington Osteopathic Foundation recently awarded two $1,000 scholarships to osteopathic medical students. The Eugene Imamura, DO Scholarship was awarded to Jake Maxwell, a student at the Midwestern University Arizona College of Osteopathic Medicine. The Warren Lawless Scholarship was awarded to Jaime Klippert, a student at Pacific Northwest University of Health Sciences College of Osteopathic Medicine.

Student Doctor Klippert was also the recipient of the $10,000 matching scholarship provided by the Washington Osteopathic Foundation and the Northwest Osteopathic Medical Foundation. Other Washington student recipients of NOMF scholarships were Justin Roth and Todd Payne of Western U Comp, receiving $2500 and $1000 respectively.

The Washington Osteopathic Foundation scholarships rely on contributions from members of the osteopathic family. Your tax-deductible contributions are welcome and greatly appreciated. For a donation form, go to www.woma.org, select the Foundation tab, click on WOF Contributions, then Contribution form or go to https://netforum.avectra.com/temp/ClientImages/WOMA/31ecd8dc-457b-41c5-a6ec-6b31019b6fc0c.pdf. You can type the information on the form, print it and send with your check or provide a Visa or MasterCard information.

In addition to all of the generous folks who contributed and/or purchased items at the annual fundraising auction during the convention, the Foundation is grateful to Melicien Tettambel, DO, Bill Dickinson, DO and Monica Haines, DO for their contributions to the Foundation this year.

Donations are welcome anytime and may be made in honor or in memory of someone. These donations will be acknowledged in a future Washington D.O. Newsletter.

CONSULTING OPPORTUNITIES WITH L&I

Your expertise is needed to help improve the quality of care for injured and ill workers and for crime victims.

The Washington State Department of Labor & Industries intends to issue a Request for Quotations & Qualifications (RFQQ K1954) to seek bids to provide clinically-based and objective healthcare record and quality care review services (Peer Review) for a wide range of healthcare licensure and specialties. Services are scheduled to begin in November 2010.

The solicitation will be made available through Washington’s Electronic Business Solutions (WEBS) internet site beginning July 30, 2010. Interested parties must be registered in WEBS.

Join In Strategic Planning

Simply put, strategic planning determines where an organization is going over the next year or more, how it’s going to get there and how it’ll know if it got there or not. On December 4 all members are invited to participate in developing WOMA’s strategic plan for the next five years. The process will involve a review of WOMA’s priorities to determine what, if any, changes should be made.

For the last five years, WOMA’s first priority has been to support osteopathic education and training which has been done on a variety of levels, from pre-med education and mentoring, to supporting osteopathic medical students with scholarships and low interest loans and student programs at PNWU, to CME scholarships for interns and residents to attend WOMA programs, to providing high-quality local CME programs throughout the year.

Recruiting more members to support all of the activities that WOMA provides has been the second priority. Less than half of the DOs in Washington are members, but all DOs, regardless of their specialty, benefit from what WOMA does on their behalf in the legislature, the rulemaking process and representation on various boards and agency committees. If there is a DO after your name, WOMA is working for you.

The third priority has been to improve communication to members by hosting a website and utilizing electronic mail which is faster and less expensive than conventional mailings.

The fourth priority has been increasing revenue for Osteopac which is used to host DO Day in Olympia and provide campaign contributions to worthy political candidates.

The fifth and final goal has been to increase WOMA’s financial status which has been the most difficult due to the stagnant economy and lack of support by many osteopathic physicians in Washington.

This is an opportunity to get involved in setting WOMA’s priorities, get to know the leaders of the osteopathic profession in Washington State and learn if WOMA leadership is in your future. Details on the Strategic Planning Meeting will be available soon. There will be a fee to cover meals and all members are welcome and encouraged to attend.

If you are not a WOMA member and would like to learn more about it, contact any board member or Kathie Itter, Executive Director at kitter@woma.org or 206-937-5358.
While I wish no ill to anyone, I now believe that all doctors should be required by the licensing board to spend some time every few years as a patient. Rather than wake me to give me the proverbial sleeper, I was checked about every four hours to make sure I hadn’t forgotten my blood pressure was high. After careful instructions on how to stay high with prophylactic applications of happy juice from the pain machine, I decided a short nap was in order. My nap was shattered by a nurse enquiring if I had had a bowel movement yet today. Although I told her no, I’m not sure my answer would have mattered. A speech followed detailing the importance of a healthy bowel to symmetry with the universe and that I wasn’t doing my part to keep the celestial rhythms in correct balance. My feeble attempts to argue that I suspected the load of narcotics in my body was a probable contributor to my current inability to perform fell on deaf ears and I was cut off with curt “your doctor expects you to have a BM daily, here is your laxative.” The parameters of my job had been made clear to me.

Morning two brought the same nurse and the same line of questioning, “have you had your BM today?” I explained that I hadn’t as of yet been able to produce a Doody but my shame would not allow me to fail much longer. I was given a laxative over my protests and I began to steel myself for the coming occasion. In between I was entertained by a steady stream of visitors, who were deeply concerned by my lack of cooperation in learning to walk, worry about my blood pressure, what did I want to eat, and “have you had a BM?” To have something to do, I asked for the diabetic menu and discovered that diabetic nutrition is quite easy: just cut the same food into portions that are half as large. However, for the first time in my life, food had no interest for me. I lost ten, easily re-discovered, pounds while I was there.

The second evening, the nurse informed me that “there are some people who want to see you.” Checking in the portion of my brain that used to do mathematical calculations before my introduction to the pain machine, I concluded that was probably more than one. Apparently I assented to the visit and in a few minutes I was presented with a group of people in red stocking caps with bright tracer lights chasing themselves round and round. Apparently the pain machine had better stuff at night. The WOMA executive board had decided to visit me and what a treat that was. It really made my day. Alas, all too soon they were disappearing down the hall in a psychedelic show of tracer lights. I found myself alone with a sense of dread about the gathering storm in my colon. A night of somewhat restless sleep brought me the usual storm in my colon. A night of somewhat restless sleep brought me the usual storm in my colon. A night of somewhat restless sleep brought me the usual storm in my colon. A night of somewhat restless sleep brought me the usual storm in my colon.

The evening was uneventful with a couple of visitors from outside people and a couple of visits from the blood pressure team. A pretty quiet night until I felt the rumblings of a major digestive event forming. I began ringing the nurse’s bell. The nurse arrived and was informed “I think it is time to go to the bathroom.” A very casual nurse asked “when was the last time you had your blood pressure taken?” I carefully explained that was not as important as getting me to the bathroom but the taking of the reading continued. Bad move on his part.

The next morning I was ready for the checker of BM’s. “Did you have a BM she enquired? Four I said. With a surprised look she said “You got up and went to the bathroom four times?” “I said I had four BM’s”, I countered. “The first was about 18 inches from the bed, the next was about 36 inches away, the third was in the middle of the bathroom door, and the last was in the stool.” I actually think I saw a slight smile cross her face just before I informed her that I didn’t think I would need the laxative pill this morning. At that point she forgot she was a professional nurse and laughed her butt off. Good to see there is still humor in the world and in my opinion, hospital’s and doctors could use more of it.

And so I got the gold star on my chart of service above and beyond the call of duty and settled in for my last day at beautiful Ballard Swedish Hospital.

Bear
WOMA Welcomes *Disney Institute* to Seattle on September 17, 2010

*Early Bird pricing available—see www.KeysSeattle.com for details!*

**Limited Time Offer:** Register and pay by 08/06/10 and be automatically entered to win a **FREE 3-day Disney Institute class at the Walt Disney Resort in Orlando!** Contact our Guest Services Manager at 877.544.2384 ext. 1 for details.

The *Washington Osteopathic Medical Association* is proud to welcome the 2010 *Disney’s Approach to Leadership Excellence and People Management for Healthcare Professionals* program, presented by the world renowned *Disney Institute* to the Seattle area on September 17, 2010.

Every hospital, clinic, group medical practice, dental practice, or freestanding medical care provider has the opportunity to distinguish themselves through exceptional quality services, leadership excellence and effective people management.

A one-day local workshop featuring two topics, *Disney's Approach to Leadership Excellence and People Management for Healthcare Professionals* will show you how effective leadership and management practices can drive employee and customer satisfaction and bottom-line results. You will see the importance of integrating your organization’s culture into the selection, training, and care of your employees and hear how Disney best practices can create and sustain a supportive and productive environment for your healthcare organization.

*Disney Institute* programming provides myriad possibilities for you to take back into your own organizations and initiate change. It will teach you effective techniques that can easily and immediately be incorporated into your own organization and will help improve business results.

**IMPORTANT:** Please use promotional code WOMAMNE to receive **$50 OFF PER GUEST** when registering. Additional group discounts are available.

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No prerequisite training required.