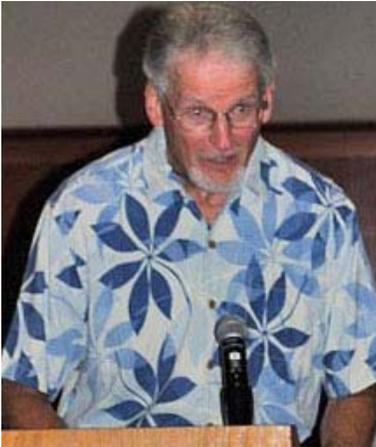


Steven Leifheit, DO WOMA 2014 Physician of the Year



Steven Leifheit, DO

Steven Leifheit, DO was named WOMA's 2014 Physician of the Year at the 101st Annual Northwest Osteopathic Convention.

Dr. Leifheit is a graduate of the Texas College of Osteopathic Medicine and completed his postgraduate training at Madigan Army Medical Center at Fort Lewis, WA. He served in the US Army for five years in Germany, with an honorable discharge at the Rank of Major, then serving another ten years in the US Army Reserve Control Group. He worked as a General Practitioner at Ft. Worth Osteopathic Medical Center before returning to Washington where he set down roots in 1988 as a General and Family Practitioner. Over the next five years the emphasis of his practice grew more towards musculoskeletal medicine which eventually led to his certification of Special Proficiency by the American Board of Neuromusculoskeletal Medicine.

Dr. Leifheit is an avid bicyclist and photographer and has served his community well through involvement with the West Seattle Kiwanis Club and Chamber of Commerce and Westside Unitarian Universalist Fellowship, to name a few of his many activities.

He has served on the Board of Osteopathic Medicine and Surgery and

Lindy Griffin, DO Receives Treseler Public Affairs Award



Lindy Griffin, DO

Lindy Griffin, DO, is the second recipient of the Donald K Treseler, DO Public Affairs Award. She was honored at the WOMA Annual Convention on June 21st.

She joined WOMA as a second-year student, graduating from COMP in 1984. After completing her internship at Waldo General Hospital in 1985, she started practicing family medicine and OMT in Seattle, which she continues to do today.

She has served the osteopathic profession in Washington in several capacities, from preceptor to WOMA President. Most notably, she has spent the last fourteen years as Chair of WOMA's Public Affairs Committee, advocating for the osteopathic profession in the legislative process and fundraising for WOMA's Political Action Committee, Osteopac.

The award's namesake, Donald Treseler, DO, was an active member of the Washington Osteopathic Medical

as a preceptor to many medical students over the years. He has participated on several WOMA committees and on the Board of Governors, currently serving his eighth and final year as Treasurer.

Association from 1952 until his death in 2002. He served WOMA in many capacities, including President in 1972-73. He was a member of WOMA's Department of Public Affairs from 1969 until his death, serving as Chairman for twenty of those years. In two different state biennial legislative sessions, Dr. Treseler was actively involved in defeating bills aimed at D.O. – M.D. amalgamation and degree switches.

As Chairman of the Department of Public Affairs, he was a leader in the successful State Supreme Court litigation against the Washington College of Physicians and the Washington State Board of Medical Examiners in which this association prevailed in voiding MD licenses granted on the basis of paper mill degrees.

Dr. Treseler acquired considerable working knowledge of state statutes and regulations concerning the delivery of health care, patient-physician relationships and interaction of other health care professionals that he continued to share with WOMA until his death. He was a guiding hand in the enactment of the State's Osteopathic Practice Act which created the Washington State Board of Osteopathic Medicine and Surgery.

We all need to know the issues that may affect our livelihood and where the candidates stand on them. This award recognizes a side of the profession from which many DOs prefer to keep their distance. Whether you call it politics or citizenship, getting involved in lawmaking is not always a pleasant experience, but it is certainly necessary.

In 2003 WOMA established this award, recognizing dedication to the public affairs process on behalf of the osteopathic profession. It was most fittingly named the Donald K Treseler Public Affairs Award.



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

Notice of Meetings

Saturday, September 27, 2014

WOF Board

9:30 a.m.

WOMA Board

10:00 a.m.

CME Committee

1:00p.m. (approximately)

PNWU

Cadwell Center

3113 Inspiration Drive
Yakima, WA

(Behind and to the right of Butler
Haney Hall)

WOMA Welcomes New Members

At its quarterly meeting held June 19, 2014, the Board of Governors approved the following applications for membership:

Active

Thomas Scandalis, DO NYCOM'87

Associate

Jere Renner, DO UNECOM'96

Postgraduate

Juliet Bliss, DO ATSU-SOMA'14

Samantha Carolla, DO PNWU'14

Jordan Collier, DO PNWU'14

Erica Radel, DO PNWU'14

Jeremy Reifsnnyder, DOPNWU'14

Alan Thom, DO COMP'14

Student

Steven Cathcart CCOM'17

Grant Johnson CCOM'15

Charles Kenyon TCOM'17

Angela Park ATSU-SOMA'16

Allison Spencer COMP'15

Life

Philip Andress, DO

David Hofheins, DO

Mark Hunt, DO

Hugh Schuetz, DO



Resident Alan Thom, DO of Mt. Vernon talks with an exhibitor.

Thank You Supporters

WOMA is thankful to the Washington Osteopathic Foundation and the Northwest Osteopathic Medical Foundation for their grants in support of the convention CME program. Medical Protective also deserves thanks for their hosting of beverages before dinner on June 20th.

The following firms are also recognized for their support as exhibitors: AbbVie, Astra Zeneca, ATSU-SOMA, Bristol Myers Squibb, Health Diagnostic Labs, Lilly USA, Liposcience, Medical Protective, NW Osteopathic Medical Foundation, PNWU, Purdue Pharma, Reckitt Benckiser, RYSE Medical, Sanofi, Teva NeuroPsych, Teva Respiratory, US Air Force, US Army, and Western U COMP NW. Please express appreciation for their support if the opportunity presents itself.

2015 WOMA Election Results

At its annual membership meeting held June 20, 2014 at Stevenson, WA. WOMA members elected its 2015 leadership. The Executive Committee will assume its duties on January 1, 2015 for a one-year term. Incoming president Harold Agner, DO would like to hear from members who are willing to serve on a committee, particularly those interested in public affairs or CME.

Joining Dr. Agner on the Executive Committee will be President-elect Mischa Coleman, DO, Vice President Michael Scott, III, DO, Secretary David Farrell, DO, Treasurer Mark Hunt, DO and Immediate Past-President Scott Fannin, DO.

Trustees elected to two-year terms commencing January 1, 2015 are District 1 Jeanne Rupert, DO; District 2 Richard Koss, DO; District III W Allen Fink, DO; District 4 Paul Emmans, Jr, DO and District 5 David Hofheins, DO. The Institutional Representative is Anita Showalter, DO. David Escobar, DO was re-elected as the postgraduate member and Nkeriuka Banda will serve as the student representative.

AOA Delegates are Harold Agner, DO, Paul Emmans, Jr, DO, Paul Emmans, III, DO, Scott Fannin, DO, Lindy Griffin, DO and David Lukens, DO. Amber Figueroa, DO and Anita Showalter, DO were elected as Alternate Delegates.

Getting to Know You

WOMA is pleased to welcome Thomas Scandalis, DO as its newest Active Member. Dr. Scandalis is a 1987 graduate of the New York College of Osteopathic Medicine. He received his postgraduate training at Massapequa General Hospital in Seaford, NY and is a 1997 graduate of the Osteopathic Heritage Health Policy Fellowship Program. He was named a fellow of the American Osteopathic Academy of Sports Medicine in 1997.

Dr. Scandalis was appointed interim dean of PNWU in September 2013 and permanent dean in March 2014. He served as dean of New York Institute College of Osteopathic Medicine from 2006-2012. Subsequent to that he was founding chair of the department of sports medicine and executive director of NYIT Center for Sports Medicine and Performance Sciences.

Governor Appoints New Board Members

Governor Jay Inslee recently appointed two new members to the Board of Osteopathic Medicine and Surgery. Juan Acosta, DO and Alex Sobel, DO each will serve a five-year term.

Juan F. Acosta, DO, MS, FCOEP-D, FACEP is a 1997 graduate of the New York College of Osteopathic Medicine. After an Osteopathic Internship and Residency in Emergency Medicine at St. Barnabas Hospital, Bronx, NY, he received a Masters in Clinical Investigation from Weill Cornell Medical College and is currently in the process of obtaining a Doctorate Degree in Health Education from A.T. Still University. Dr. Acosta is also Board Certified in Neuromusculoskeletal Medicine (NMM/OMM).

Dr. Acosta was the Program Director at St. Barnabas Hospital for several years. He is presently the Assistant Dean for Postgraduate Medical Education, Director of Clinical Rotations, Regional Dean, Director of Medical Education at Pacific Northwest University of Health Sciences College of Osteopathic Medicine in Yakima, Washington. In 2009, Dr. Acosta became the Medical Program Director of the Yakima County Department of EMS and continues to serve as such. As President of the Yakima County Medical Society, he has been involved in unifying the medical community with the educational community. Dr. Acosta is very involved in the hospital medical executive committee and still manages to work shifts in the emergency department. Presently, he is working with OPTI-West Educational Consortium as a Regional Academic Officer.

Dr. Acosta is actively involved in the Washington Disaster Medical Assistance Team (DMAT), a reviewer for CECBEMS, Journal of Emergency Medicine and a section editor for the West-JEM. He is also an Oral Board examiner for American Osteopathic Board of Osteopathic Emergency Medicine (AOBEM). He is presently on the Board of Directors of the American college of Osteopathic Emergency Physicians (ACOEP) and the Association of Osteopathic Directors and Medical Educators (AODME).



Alex Sobel, DO

Dr. Alex Sobel is a graduate of the University of New England College of Osteopathic Medicine. His internship in General Surgery was completed at Doctors Hospital, Columbus, OH where he also completed a residency in Otolaryngology/Facial Plastic Surgery. He received fellowship training in Cosmetic Surgery at the Alderwood Surgery Center in Lynnwood. He is certified by the American Osteopathic College of Otolaryngology-Head and Neck Surgery and the American Board of Cosmetic Surgery.

He has been in private practice exclusively in cosmetic surgery for over six years and has thousands of aesthetic procedures to his credit. He is double board certified in General Cosmetic Surgery and Otolaryngology/Facial Plastic Surgery and is a Fellow of the American Academy of Cosmetic Surgery. A past recipient of the William K. Miles, M.D. award for the highest written exam score in Cosmetic Surgery, Dr. Sobel has served as an examiner and an editorial committee member for the American Board of Cosmetic Surgery for the past four years. In 2012, he was elected to the Board of Trustees of the American Board of Cosmetic Surgery and in 2013, he became the Chairman of the American Board of Cosmetic Surgery Oral Examination.



Juan Acosta, DO

Dr. Sobel has both lectured on a variety of topics, including facelifts, laser resurfacing, facial fat grafting, otoplasty, breast augmentation and breast enhancement with fat grafting and has served as a panelist on cosmetic breast surgery as well as facial plastic surgery at national meetings for the American Academy of Cosmetic Surgery and the American Osteopathic Academy of Ophthalmology and Otolaryngology – Head and Neck Surgery. He has published on topics including the intra-oral technique of injectable fillers – a method which drastically reduces inflammation and bruising potential, increases patient comfort, and leaves no injection marks. For the past three years, he has also served as a reviewer for the American Journal of Cosmetic Surgery.

Committed to the education of others, Dr. Sobel is proud to have trained other surgeons in the field of General Cosmetic and Facial Cosmetic Surgery. Dr. Sobel is adjunct clinical faculty for Pacific Northwest University.

Though he is proficient in general cosmetic surgery, Dr. Sobel has particular interests in body contouring, including the aesthetic enhancement of the breast and abdomen, fat transfer, face & eye lifting procedures, and rhinoplasty. His practice is in Bellevue.

Open Payments Review and Dispute Process Opens for Physicians

Pharmaceutical and device manufacturers as well as group purchasing organizations (GPOs) have reported information to CMS on physicians under the Open Payments program created by the Physician Payment Sunshine Act, and now physicians have 45 days to review and dispute the reported data before it is posted for the general public on September 30.

In order to review or dispute the information, physicians must be registered in Phase Two of the Open Payments program. Manufacturers and GPOs will review any disputes submitted by physicians and work with them to reach an agreement on any corrections.

CMS will host a National Provider Call on July 22 to provide a detailed review of the Open Payments process. To register please visit the MLN Connects website. (<http://www.eventsvcs.com/blhtechnologies/register/1cc63346-1ff3-42a8-ac11-469987100b99>)

For more information on Open Payments program, please go to the AOA's information page about the program. (<http://www.osteopathic.org/inside-aoa/advocacy/aoa-legislative-priorities/Pages/sunshine-act.aspx>)

CBO Predicts no IPAB for Next Ten Years

The Congressional Budget Office (CBO) released a new long-term budget outlook last week that projects the Independent Payment Advisory Board (or IPAB) created under the Affordable Care Act will not go into effect for the next ten years due to slowed growth in Medicare spending.

The IPAB is a 15-member panel tasked with achieving specified savings in Medicare if spending growth exceeds a set target, without affecting coverage or quality.

Unlike the Medicare Payment Advisory Commission (MedPAC), the IPAB has the authority to directly make changes to Medicare without needing an act of Congress. Congress would only be able to overrule the IPAB's decisions through a supermajority vote. The controversial panel has yet to have any members appointed to it, and funding for it was cut by \$10 million in the omnibus 2014 spending bill enacted by Congress at the beginning of this year.

Bree Appointment

Governor Jay Inslee has appointed **Jeanne Rupert, DO** as the osteopathic physician representative on the Robert Bree Collaborative. The 2011 Legislature passed House Bill 1311, establishing the Collaborative to provide a mechanism through which public and private health care purchasers, health carriers, and providers can work together to identify effective means to improve quality health outcomes and cost-effectiveness of care. Although not included in the original legislation, at WOMA's request a position for an osteopathic physician was added.

The collaborative identifies and reviews certain high-variation or high utilization health care services in Washington state that produce better care outcomes for patients. It considers and develops strategies that promote improved care outcomes, such as patient decision aids, provider feedback reports, centers of excellence or other provider qualification standards, and research to improve care quality and outcomes. The Collaborative consists of twenty members.

Most recently, WOMA members were asked to provide feedback on the Collaborative's latest draft report and recommendations for a lumbar fusion surgical bundle supported by an evidence able, and a lumbar fusion warranty.

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 • Save the Date!
 • 102nd Annual
 • Northwest
 • Osteopathic
 • Convention
 • June 25-28, 2015
 • Semiahmoo Resort
 • Blaine, WA
 •

Auction Supports WOF

On Saturday, June 21st, during the WOMA Annual Convention, members rallied in support of the Washington Osteopathic Foundation, raising over \$13,000 from convention attendees. We are grateful to the following for contributing auction items and/or generous cash gifts to make the auction successful: Harold & Margaret Agner, Al Adata, Alan Thom, Amber Figueroa, Bill Dickinson, Dan Dugaw, David Lemme, David Lukens, Ken and Sharon Cathcart, John Allen & Maureen Rouse, Lindy Griffin, Kathleen Farrell, Loren H Rex, Mark

& Ginny Hunt, Mischa Coleman, Monica Haines, Paul Emmans, Jr, PJ Emmans, Phil Andress, Rebecca Locke, Richard Koss, Rick Reid, Scott & Jennifer Fannin, Sharelle & George Leick, Sheila Kennedy, Steve & Kathie Itter, Steven Leifheit, Nick Curalli, Suzanne Laurel, David Hofheins, David Tate, Tim Anderson and Sherri Dumont.

Since 1971 the WOF has assisted more than one hundred osteopathic medical students who called Washington their home state with scholarships and low-interest loans. Seventeen are currently in training

programs and at least half of the remaining recipients stayed in Washington to practice upon completion of their training.

Because of the rising cost of tuition and increase in osteopathic medical schools and class sizes, there is an even greater need for assistance. If you would like to help, WOF is a 501 c 3 tax-exempt organization and all contributions are tax deductible. A contribution form is included on the last page of this newsletter.

Washington Seeks \$92.4 Million For Health Care Innovation

The Health Care Authority has submitted the state's application to remake the healthcare system in Washington with the goal of producing better health outcomes at lower cost.

The grant application seeks \$92.4 million, in Governor Inslee's words, "to help Washington's seven million residents lead healthier lives and access the best quality of care at the best price."

A few things about the grant process and Washington's application: Successful applications are expected to be announced in late October 2014 with funding available in January 2015. Documents now available on the [project website](http://www.hca.wa.gov/shcip/Pages/default.aspx) (<http://www.hca.wa.gov/shcip/Pages/default.aspx>) include:

[Grant Application materials](#)
[Governor's News Release](#)
[Healthier Washington Video](#)

While the State Health Care Innovation Plan is the foundation for the grant application, the goal driving our work is to achieve a healthier Washington. To keep us focused on that goal, going forward we will refer to all related work as part of the Healthier Washington project. We will continue to provide regular updates on project efforts, such as the Accountable Community of Health initiative, development of a statewide core performance measures set, and the Prevention Framework.

Are pharmacists demanding a more detailed diagnosis from you to fill a prescription?

The state requirements are mandated upon the physician and not the pharmacist. It is appropriate for the pharmacist to verify that the prescription is for a legitimate medical need, but diagnosis and the development of the comprehensive treatment is the practice of medicine. This type of request is outside of the scope of practice of pharmacy.

Tramadol: Schedule IV Controlled Substance as of August 18, 2014

Effective August 18, 2014, tramadol (aka Ultram) will be a class 4 controlled substance (Schedule IV) as a result of a decision by the Drug Enforcement Agency. This transfer includes all of the prescriptive restrictions associated with a controlled substance under that Schedule. In addition, this transfer removes tramadol from naturopathic physician prescribing scope of practice. For existing prescriptions, please see the information below.

Effective August 18, tramadol and products containing tramadol will be classified as Schedule IV controlled substances pursuant to 21 CFR 1308.

INVENTORY: All pharmacies and any persons who handle-manufacture, distribute, dispense, import, export, engage in research, conduct instructional activities with or possess- tramadol, must take an inventory of their current stock of tramadol and other products containing tramadol on August 18, 2014.

REGISTRATION: Any location possessing tramadol or products containing tramadol that is not currently registered with US Drug Enforcement Agency (DEA) must apply for and receive a DEA registration prior to August 18, 2014. Alternatively, those locations not wishing to seek DEA registration must remove all tramadol products from their possession prior to August 18, 2014.

PRESCRIPTIONS: All current prescriptions for tramadol and products containing tramadol must be treated as controlled substance prescriptions on and after August 18, 2014.

Prior to filling/refilling a tramadol prescription on or after August 18, 2014, ensure that the prescriber has a valid DEA registration, as required for all controlled substance prescriptions. All prescribers who do not have a valid DEA registration will not be able to issue prescriptions or personally furnish tramadol or tramadol containing products.

If a prescription for a tramadol product was issued prior to August 18, 2014 and refills were authorized, as of August 18, 2014 those refills must be limited to no more than five and must be dispensed no later than six months after the date the prescription was initially issued.

No electronic prescriptions for tramadol or products containing tramadol may be sent to a pharmacy using an electronic prescription transmission system unless the prescriber's and the receiving pharmacy's systems meet the DEA authenticated system requirements addressed in 21 CFR 1311.

PMP: All pharmacies and dispensers must follow the federal regulations beginning August 18, 2014. Because this drug isn't included in the Washington State rules, it isn't required to be reported to the PMP yet. The Pharmacy Commission will move to schedule it in Washington State as a Schedule IV drug in rule by the end of the year. While it may not be scheduled in Washington State until the end of the year, you should ensure all federal requirements are followed regarding Tramadol becoming a Schedule IV drug.

The Department of Health would like all dispensers to voluntarily report any Tramadol dispensing starting on August 18 so prescriptions for these medications can be available in the PMP for our providers. We think this is important for patient care and for preventing prescription drug misuse in our state. We've received several communications from providers indicating how important they think it is to have Tramadol available in the PMP.

Based on our current PMP law, all dispensers (except veterinarians) don't have to report any dispensing of Tramadol or other controlled substances intended for a one-day supply or less.

If you have any questions, you may contact the PMP at 360-236-4806 or prescriptionmonitoring@doh.wa.gov.

2014 Annual Convention



Clockwise from upper right: Songwriter Dan Wolf on guitar, assisted by Sharon Cathcart and Lindy Griffin on vocals, leads the group in song for Osteopac support with new lyrics to Pink Floyd's "Money"; Dr. and Mrs David Lemme visit with PNWU's Celia Freeman at the Icebreaker reception; Past President Marc Cote presents Scott Fannin with WOMA's Presidential Plaque; AOA President Norman Vinn, Woma Exec Kathie Itter and PNWU Dean Thomas Scandalis at the Icebreaker Reception; Trustee Dave Lukens reports on District 3 happenings at the annual meeting; Secretary Mark Hunt displays a pair of paintings by Massai artists as they are prepared to be auctioned for the benefit of the Washington Osteopathic Foundation.



Highlights



Clockwise from top: President Scott Fannin provides his report at WOMA's annual meeting as Executive Director Kathie Itter, Immediate Past President Marc Cote, Secretary Mischa Coleman, Lobbyist David Knutson, Public Affairs Chair Lindy Griffin and Treasurer Steven Leifheit prepare to give theirs; David Lukens requests a moment of silence at the annual meeting to remember pillars of the profession lost since the last meeting - Drs. Richard Koch, Lon Hoover, Karl Johnson, Charles Schuetz and former Executive Director Warren Lawless; Lynda Williamson has a lively discussion with Dr. Larry Greenblatt and guest; Scott Fannin recognizes Dave Lukens for his 46 years of WOMA membership; Steven Leifhit converses with Alaska DO Janice Carrick, President Fannin presents Hugh Schuetz with his Life Membership award.

In Memoriam

Lon Ahlers Hoover, DO

Lon Ahlers Hoover, D.O. quietly passed away on May 8, 2014 with his family nearby. Dr. Hoover was born October 17, 1930 in Tacoma, WA. He graduated from Stadium High School in 1948 and earned his BS from the College of Puget Sound in 1952. In 1956 Lon, alongside his twin brother, graduated as a doctor from the Chicago College of Osteopathic Medicine. His internship was at Clare General Hospital, MI.

Lon moved back to Tacoma and took over his father, Harold V. Hoover's family medicine and OB practice. In 1977, he became a beloved associate professor at Michigan State University College of Osteopathic Medicine, Family Medicine Department where he specialized wholeheartedly in manipulative medicine. He was known for his commitment to osteopathic principles and practice, his easy style of instruction, and his passion for mountain-climbing (he'd train by running the stairs of Fee Hall with a heavy backpack). A faculty member in MSUCOM's Department of Family Medicine from 1977 to 1996, he also served as a consultant in osteopathic medicine for the MSU Division of Athletic Medicine.

During his career he was President of both WOMA ('69-'70) and the American Academy of Osteopathy ('73-'74), the AAOA Secretary ('75-'81), and received the Distinguished Service Award from Michigan's Association of Osteopathic Family Medicine. Until Parkinson's limited him, he took his treatment table with him everywhere, and laid healing hands on anyone who needed his attention. He retired in 1996 and moved to Vashon Island, WA.

Outside of his profession, he was a passionate vocalist, UPS Alumni trustee, 1st Congregational Church leader and an avid athlete (mountaineer, backpacker, skier and mower of lawns). After retiring, he took up mountain biking in his mid-70's, successfully finishing the 3 day/3 summit Courage Classic race for Tacoma's Children's Hospital. A longtime hiker and mountaineer, he conquered Mt. Rainier six times, led more than 100 climbs, and participated in 50 others, including the treacherous Mt. Anyegaqen in China at age 50.

Dr. Hoover is survived by his wife of 55 years, Carolyn (lonlynhoov@gmail.com), and two daughters, Carol and Susan. He has a 14 year old granddaughter, Jennifer, the apple of his eye and 11 nieces/nephews. He is preceded in death by his sister, Regina Hoover PhD, and his brother, Larry Hoover, D.O.

Richard Sayer Koch, DO

Dr. Richard Sayre Koch Dr. Richard Sayre Koch passed away peacefully on June 16, 2014 in Olympia, WA, at the age of 99. He was born on December 21, 1914 in Philadelphia, PA to Andrew and Mary Louise Koch. Dr. Koch received his pre-med degree at the University of Alabama and graduated from Philadelphia College of Osteopathic Medicine in 1938. He practiced family medicine, physical medicine, prolotherapy and back/joint rehabilitation in Olympia WA for 67 years. He retired in February of 2005.

Dr. Koch spent his professional life advocating for medical research and was a sought after lecturer on Osteopathic Medicine, spinal rehabilitation and prolotherapy. In his pre-med college years, Dr. Koch was a champion light-heavyweight boxer, to help him pay his way through college. He had a passion for scuba diving and went on many diving expeditions all over the world, including his beloved Hood Canal. He was a scuba diving instructor for the YMCA. He was an avid Husky fan and enjoyed traveling the world with his wife, Traudi. He made Hood Canal and his cabin his "home away from home."

Dr. Koch joined the Washington Osteopathic Medical Association in 1951. He served WOMA as a member of the Public Affairs Committee, the Conference Committee, Chair of the State L&I Liaison Committee and as President in 1954-55.

He is survived by his loving wife of 36 years, Traudi, and his nephew Richard B. Koch (Wendy) of Philadelphia, PA. In lieu of flowers, donations may be made in honor of Dr. Richard S. Koch's name and sent to: Wounded Warrior Project PO Box 758517 Topeka, KS 66675 woundedwarriorproject.org or Military Order of the [Purple Heart](#) Foundation PO Box 49 Annandale, VA 22003.

What is OSTEOPAC?

The Washington Osteopathic Physicians and Surgeons Political Action Committee (OSTEOPAC) was established in 1985 to give Washington osteopathic physicians a voice at the State Capitol in Olympia. Contributions are used to support the annual DO Day in Olympia and other advocacy efforts for the osteopathic profession as well as legislative candidates supportive of the osteopathic profession and its issues.

Why should you worry about politics? You don't have time to monitor every bill in Olympia and have a voice in the politics of the osteopathic profession in Washington State. This is exactly why you should support OSTEOPAC which helps members keep informed in regard to what is happening so when your efforts are needed you will be prepared to respond.

As a profession, we must be sure that those elected will have the best interests of the physicians, patients and Washingtonians in mind. OSTEOPAC enables the profession to elect and re-elect pro-physician, pro-patient legislators through campaign contributions providing networking opportunities so when issues arise we have legislators we can talk to.

Our goal is to provide a constant presence and voice in Olympia, advocating for the profession and patients. OSTEOPAC supports candidates who support 1) physicians as the most qualified comprehensive healthcare providers, 2) the physician-patient relationship and public safety, 3) medical liability reform, 4) a patient's right to choose their own physician and responsible actions by insurance companies to honor the choice, and 5) fair and equitable reimbursement for physician services.

How can you help? 1) Donate to OSTEOPAC annually; 2) Stay informed; 3) Respond when asked to advocate; 4) Participate in DO Day in Olympia; 5) Spread the word – don't let your colleagues be apathetic. Stress the importance of advocacy and DO's. Let them know what WOMA and OSTEOPAC do for them. obligation to their patients and profession.

OSTEOPAC

Washington Osteopathic Physicians and Surgeons Political Action Committee

2014 Membership Registration

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

Date _____

*Name _____

*Address _____

*City _____ State _____ Zip _____

_____ Retired _____ Self Employed

*Employer (if other than self) _____

*Employer Address _____ City _____ State _____ Zip _____

*Occupation _____

Legislative District# _____ Congressional District# _____

_____ \$ 25.00 _____ \$ 200.00

_____ \$ 50.00 _____ \$ 365.00

_____ \$ 100.00 _____ Other \$ _____

Make Your Personal Check Payable to: Osteopac

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**

AOA House of Delegates

By Paul (PJ) Emmans, III, DO

I was privileged to attend the AOA's Annual meeting of the House of Delegates. I attended with 5 other delegates from Washington State (Dr's Figueroa, Emmans Jr, Griffin, Lukens, and Showalter), as well as 2 PNWU students. This trip is one that I always find fascinating, but this year was historic as another vote on the Unified Accreditation System was on the agenda. Last year, the AOA board recommended, and the House voted to "hold" on going forward with the process as there remained unanswered issues that required resolution prior to proceeding.

Throughout this past year, there have been numerous presentations, discussions, articles and opinions written and predictions made. The agenda this year began with an opportunity for the delegates to attend a closed session where we were able to read the MOU and the letter of clarification. It was also presented verbally by AOA counsel. Thursday night was also the annual United

Federation of Osteopathic Societies – formerly Small State Federation (UFOS) meeting, which is the caucus of the small states. While several states were unable to provide a delegation vote, most were, and by Friday a.m., it seemed that with this, along with most of the large states in favor, the resolution would pass.

Saturday morning was the presentation of the resolution and some debate. We were given an hour and a quarter to debate the resolution. In the end, there was less heated debate than I expected. The final vote was called inside of an hour, and it passed with a resounding yea. While this vote allows us to proceed forward with the Unified Accreditation System, and is truly historic for our Osteopathic family, it is only the beginning, or as Dr. Vinn (immediate past president of AOA) said, it isn't the "beginning of the end for us, it is the end of the beginning". We will see much more debate and work done on this process as the years go on. Clearly, however,

there is a collective will in the House to proceed forward with this course and advance our profession in this new era.

I attended the educational reference committee on Friday evening. While, I suspect most of the excitement was happening in the special reference committee on the Unified Accreditation, the educational committee did have some interesting resolutions to review, such as a couple which would promote the ongoing needs assessment for CME programs, and residency acceptance of domestic medical school graduates ahead of international medical graduates. I won't bore you with all of the discussions, but it was an interesting session.

I enjoyed being there with the other Washington Delegates. They are committed to osteopathic medicine, WOMA and our state. It was an honor to be there representing WOMA. I am also grateful to my employer for allowing me the time and resources to make the trip.

Single GME Pathway Approved

At its meeting earlier this month, the AOA House of Delegates approved a resolution for a single pathway for AOA/ACGME with the understanding that the AOA continues to monitor progress and the emergence of any unintended consequences. They will evaluate and report to the membership and AOA House of Delegates annually, between 2015 and 2021, concerning the following issues:

1. The ability of AOA-trained and certified physicians to serve as program directors in the single GME accreditation system;
2. The maintenance of smaller, rural and community based training programs;
3. The number of solely AOA certified physicians serving as program directors in each specialty;
4. The number of osteopathic identified GME programs and number of osteopathic identified GME positions gained and lost;

5. The number of osteopathic residents taking osteopathic board certification examinations;

6. The status of recognition of osteopathic board certification being deemed equivalent by the ACGME;

7. The importance of osteopathic board certification as a valid outcome benchmark of the quality of osteopathic residency programs.

The resolution included the following:

That any proposed single graduate medical education (GME) accreditation system will provide for the preservation of the unique distinctiveness of osteopathic medicine, osteopathic graduate medical education, osteopathic licensing examinations, osteopathic board certification, osteopathic divisional societies, osteopathic specialty societies, osteopathic specialty colleges, the AOA, and the osteopathic profession;

That the AOA remain vigilant in its oversight of the single accreditation process and utilize its ability to cease negotiations as delineated in the MOU should osteopathic principles and educational opportunities be materially compromised;

That the AOA will seek to create an exception category to allow the institution/program, on a case by case basis, up to a one year extension without prejudice for an institution/program that has their budget previously planned so as not to put that institution/program at a competitive disadvantage;

That the AOA will advocate for an extension of the closure date for AOA accreditation beyond July 1, 2020, where appropriate for individual programs on a case by case basis;

That the AOA House of Delegates expresses its support for the AOA's entry into a single accreditation system that perpetuates unique osteopathic graduate medical education programs.



D.O. Day in Olympia

Friday, February 6, 2015

Beginning at 9:15 a.m.

Columbia Room

Legislative Building

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

The day will start at 9:15a.m. with everyone assembling for instructions on the issues to discuss in your meetings with the legislators and updates on current legislation. Appointments with legislators will start at 10:00 a.m. Participants will meet with legislators and provide OMM demonstrations and free blood pressure checks to the public and legislators. All legislators will be invited to a lunch with our participants hosted by WOMA. Meetings will continue after lunch until 3:00 p.m. Please complete this registration form and fax or mail it to WOMA by **Friday, January 15th** to allow time to schedule appointments. **If you are a PNWU student, please submit your form to student services.** This is a joint project with PNWU and those coming from the Yakima area are invited to ride the bus from PNWU to Olympia and back. Please indicate below if you want to ride the bus from Yakima.

Name _____

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

Address _____

City _____ Zip _____

Phone _____ Email _____

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

Or fax to: 206-933-6529

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

_____ Yes, I would like to ride the bus to Olympia from Yakima on February 6th

Return by January 15, 2015

WOMA Supports Murray GME Bill

In response to a request from Senator Patty Murray, WOMA is supporting her proposed legislation that reauthorizes the Teaching Health Center program for five years and then creates a Community-Based Medical Education (CBME) payment system within Medicare. CBME is essentially an evolution of the Teaching Health Center model and also includes rural training tracks that would benefit from the mandatory, permanent nature of Medicare financing. In an email from Charlene K McDonald, of the Senate Budget Committee which Senator Murray Chairs, she states "*We believe that this policy proposal takes important steps toward recognizing the importance of primary care and training in community-based settings outside of the traditional teaching hospital.*"

The U.S. is facing a looming crisis in access to primary care that is expected to result in a shortage of 52,000 primary care physicians by 2025. Myriad factors contribute to the shortage – from a cap on medical residency slots enacted in the Balanced Budget Act of 1997 to a maldistribution of physicians across medical specialties to the undervaluation of primary care services in reimbursement systems. This proposal seeks to specifically address structural issues within Medicare's graduate medical education (GME) payment system that steer future physicians away from primary care.

Currently, Medicare GME payments are designed primarily to reimburse hospitals for training provided in a teaching hospital setting, where residents are not sufficiently exposed to the practice of primary care in the settings where most patients most often receive that care. Teaching hospitals play an essential role in GME and will remain fundamental to the system. However, to ensure that the future physician workforce is adequately diversified and that residents have the opportunity to train in those specialties and geographic regions most in need, a permanent alternative to the traditional GME model is needed. This legislation builds upon existing models – such as Teaching Health Centers and Rural Training Track programs – that have developed around these goals and establishes a Community-Based Medical Education (CBME) payment

system to enable them to expand nationwide.

As the largest source of funding for medical residency training, Medicare Direct Graduate Medical Education (DGME) and Indirect Medical Education (IME) payments shape the nature of training and the hospitals' output of physicians. Other funders, including the Health Resources Services Administration (HRSA) have in recent years sought to create training opportunities that emphasize primary care and enable residents to receive training outside of traditional, primarily urban, academic health centers. While the HRSA-administered Teaching Health Center (THC) program has demonstrated successes on a small scale, its funding is set to expire in 2015. These programs cannot be expected to expand and meet the demands on our health care system without the security of mandatory federal funding that incentivizes health care entities to make the necessary investments in establishing new training programs.

Bill Summary

Teaching Health Center Extension

The legislation extends funding for the HRSA THC program through 2019, during which time the Secretary will conduct a comprehensive evaluation of the program and prepare the transition to the new system within Medicare's GME system. Additionally, the legislation reestablishes the Title VII grant program for development of a teaching health center program, at \$25 million in 2016, \$25 million in 2017 and \$25 million in 2018. Awards may be up to \$250,000 for each health center for up to 3 years, enabling new Teaching Health Centers to invest in the capital necessary to establish programs that will be eligible for Medicare CBME funding in future years.

Establishment of Primary Care Teaching Programs

The legislation establishes a mandatory funding stream under Medicare – the Community-Based Medical Education (CBME) payment system – for medical residency programs to be known as Primary Care Teaching Centers (PCTCs) that emphasize training of primary care physicians, particularly in community-based settings and rural, underserved areas starting in 2019. The program funds 1500 new residency slots to be allocated to PCTCs at rate of no more

than 300 per year until expended. No single program shall be granted more than 50 slots, which must be in designated primary care specialties (family medicine, general internal medicine, pediatrics, general dentistry, pediatric dentistry, obstetrics and gynecology, psychiatry and geriatrics).

Existing Teaching Health Centers that have been supported by HRSA funding will be well-positioned to transition into PCTCs offering a steady funding stream that does not require annual appropriations. Participating programs may also be affiliated with a hospital, including academic health centers, but must be independently administered and residents must spend no less than 66% percent of training hours in a community-based setting. For example, an academic health center may establish a comprehensive Rural Training Track program for PCTC designation if the program meets all applicable requirements. PCTC funded residents may not be counted toward the residency cap, IME adjustment or Per Resident Amount (PRA) DGME payments.

The Secretary shall develop a methodology to determine an annual per resident CBME payment, which may be no less than 125 percent of the sum of the median annual DGME and IME payments of the prior year. PCTC programs will receive capitated CBME payments directly for each filled residency slot up to the program's cap, with no portion of the payment functioning as an adjustment to MS-DRG reimbursements.

GME Accountability

To ensure greater accountability and higher quality in all Medicare GME programs, the Secretary shall establish measures of population health priorities in GME that demonstrate:

The percent of residents training in shortage specialties; The percent of graduates practicing in shortage specialties after five years; The extent of training provided in a variety of settings; The coordination of patient care across various settings; Interprofessional and multidisciplinary care teams; Methods for identifying system errors and implementing system solutions; and The use of health information technology (HIT).

continued on page 13

The measures must be adopted or endorsed by an accrediting organization such as ACGME and AOA and must be developed through a consensus-based process. To the extent possible, measures shall be applicable to both traditional hospital-based training programs and PCTCs.

Beginning in 2019, Medicare IME payments shall be reduced or increased by no more than 2 percent based on the institution or program's composite score in the preceding year. Hospitals and programs that fail to report in the preceding year will have IME payments reduced by 3 percent.

GME Transparency

Within two years of enactment, the Secretary must begin to issue an annual report on Medicare GME payments, which shall include the:

DGME and IME payments made to each hospital; CBME payments made to each program; DGME costs of each hospital, as reported on the annual Medicare Cost Reports; Number of full-time-equivalent residents (FTEs) at each hospital that are counted for DGME and IME purposes; Number of FTEs at each hospital that are not counted for DGME and IME purposes; and; Percent of physicians trained who are practicing in primary care after five years.

Fund the Health Care Workforce Commission

This legislation authorizes the appropriation of \$14 million over five years for the National Health Care Workforce Commission, a multi-stakeholder workforce advisory committee charged with developing a national health care workforce strategy, which was established by the Affordable Care Act.

Budget Neutrality

This bill reduces the Medicare IME conversion factor from 1.35 to 1.32 and reinvests this funding into community-based medical education. It would not increase the deficit.

PNWU President Keith Watson, DO commented, *"We (Dr. Watson and PNWU COM administration Thomas Scandalis, DO and Bob Sutton, PhD) have had early and strong input into this bill as it was being written. We think this is a strong piece of legislation that establishes a novel way to redirect lost IME money from hospitals (mandatory reductions already underway) and give it to THCs that will wither without it."*

CMS Improves Medicare Drug and Health Plans

The Centers for Medicare & Medicaid Services (CMS) issued final regulations (CMS-4159-F) in May for the Medicare Advantage and prescription drug benefit (Part D) programs that continue efforts to curb fraud and abuse and to improve benefits and the quality of care for seniors and people with disabilities enrolled in these programs. The final rule is projected to save an estimated \$1.615 billion over the next ten years 2015 – 2024.

"The policies finalized in this regulation will strengthen Medicare by providing better protections and improving health care quality for beneficiaries participating in Medicare health and drug plans," said Marilyn Tavenner, CMS administrator. "The final rule will give CMS new and enhanced tools in combating fraud and abuse in the Medicare Part D program so that we can continue to protect beneficiaries and taxpayers."

After careful consideration of over 7,500 public comments on a proposed rule displayed on January 6, 2014, key final provisions include: **Requiring Part D prescribers to enroll in Medicare:** CMS is requiring that physicians and eligible professionals who prescribe covered Part D drugs be enrolled in Medicare, or have a valid record of opting out of Medicare, in order for their prescriptions to be covered under Part D. Requiring prescribers to enroll in Medicare would help CMS ensure that Part D drugs are only prescribed by qualified individuals. The final rule allows more time – until June 1, 2015 – for implementation.

Revoking Medicare enrollment for abusive prescribing practices and

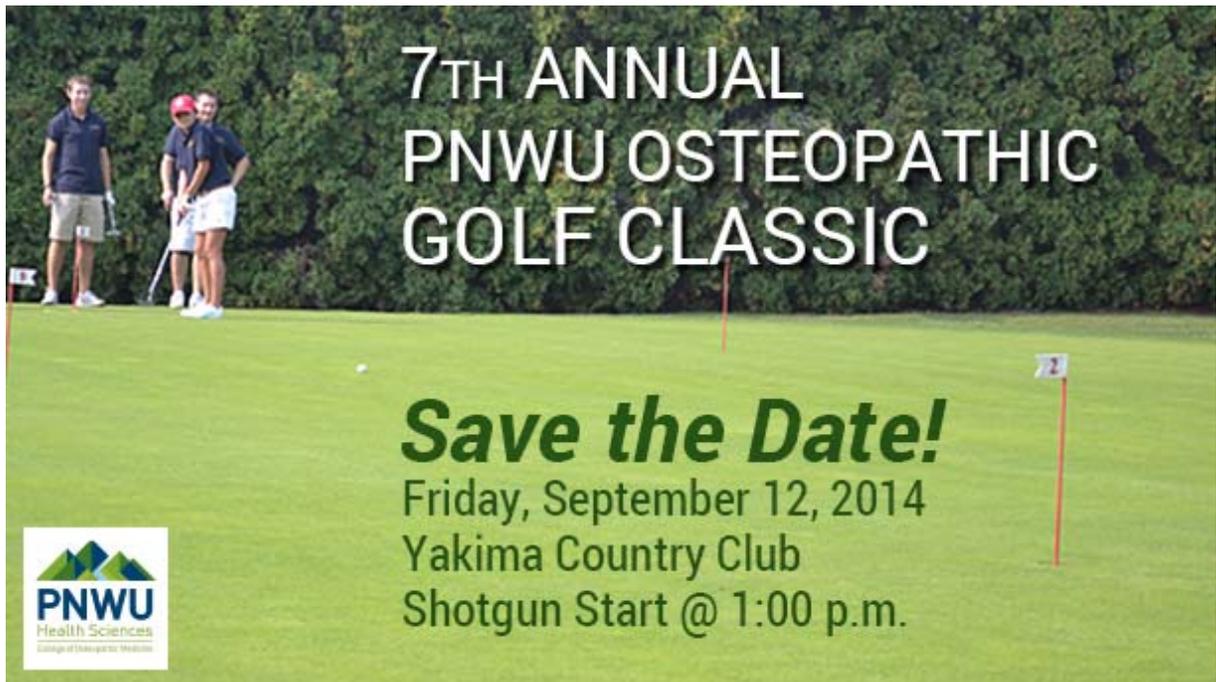
patterns: CMS will have the authority to revoke a physician or eligible professional's Medicare enrollment if CMS determines that he or she has a pattern or practice of prescribing that is abusive, represents a threat to the health and safety of Medicare beneficiaries, or otherwise fails to meet Medicare requirements. CMS will also be able to revoke a physician or eligible professional's Medicare enrollment if his or her Drug Enforcement Administration (DEA) Certificate of Registration is suspended or revoked, or if the applicable licensing or administrative body for any state in which he or she practices suspends or revokes his or her ability to prescribe drugs.

Expanded prevention and health improvement incentives: The final rule expands rewards and incentive programs that focus on encouraging participation in activities that promote improved health, efficient use of health care resources and prevent injuries and illness.

Broadening the release of privacy-protected Part D data: CMS will expand the release of unencrypted, prescriber, plan and pharmacy identifiers contained in prescription drug event records to give the public broader access to health care data pursuant to CMS' policies and procedures for release of such data while still preserving the privacy of Medicare beneficiaries.

To view a fact sheet on the final 2015 Part C and D rule, please visit: <http://www.cms.gov/Newsroom/Search-Results/index.html?filter=Fact%20Sheets>.

The final rule can be viewed at: www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1



7th Annual PNWU Osteopathic Golf Classic

The PNWU Foundation is excited and proud to continue the tradition of providing scholarships for osteopathic medical students set forth by the Osteopathic Foundation of Central Washington. It is our hope that the Golf Classic, now in its seventh year, will continue to grow. With this growth and ability to return 100% of the proceeds back to the students, we are delighted to have the opportunity to touch the lives of additional students each year. Thank you for being a part of this annual event and supporting medical education in the Pacific Northwest.

Team Sponsorships

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Includes 8 players, large signage, hole sponsor & awards social recognition

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(509).249.7708 Or visit pnwu.edu



Bear Droppings.....

by Loren H. Rex, D.O.

I just finished watching a special interview with Edward Snowden who you may remember as the NSA hacker/leaker. He will no doubt turn out to be either the greatest danger to civilization or a freedom fighter, the decision is still out. I couldn't keep from laughing as I thought of my relationship with the telephone over the years. I still don't own a cell phone and I find the phrase "smart phone" somewhere between intimidating and insulting. Rest assured, however, I am strongly considering a pre-paid phone to keep in my care for emergencies.

My earliest memories go back to 1947 and one of those is the memory of our first occasional link with society. I say occasional because our telephone didn't always perform as advertised but, if it was working, it had a feature that would put Ed Snowden's abilities to shame. This wonderful thing was called "the party line" and it was simplicity incarnate. I don't know if there was such a thing as a "private line" but I do know my parents would not have paid for such an unnecessary luxury. A party line consisted of a group of people, most likely less than ten, who shared the same line to make and receive phone calls. In those good old days when life was simpler, you didn't need to memorize a confusing string of numbers, just remember to learn our identifier was a special ring: two long rings and a short ring. No doubt this was a holdover from those halcyon days of the telegraph which, of course, used Morse code as a language. So if the combination of rings was heard, you picked up the phone and a voice would magically appear in your ear. This wasn't as simple as it sounded for a four year old since the phone was way above the access point of my somewhat vertically challenged world. This necessitated a mad rush through the house screaming at the top of my lungs for my non-aurally

challenged mother to answer the phone! This timely public service announcement on my part was rarely met with anything other than my mother making the familiar hush/shut up signal to me. Naturally as a four year old I saw this as a signal to go into annoyance mode until I was allowed to speak to whoever was trying to carry on a conversation with my long suffering mother. Since I am a "Darwinian Failure" who has, to best of my knowledge, no offspring, I failed to appreciate what a pain in the butt I was until I was given a dog that had been taught to beg. I was lucky to live until I started to school and I transferred my reign of terror to a lady named Miss Arielle.

My mother, who was a good God fearing Methodist, had certainly done her best to instill in me a deep appreciation of exactly what the wages of sin were and exactly where I was apt to append my ENTIRE future existence and a long time afterward if I didn't make sure that I never even considered doing any of the things she had made me repeat frequently. This instilled in me a deep belief in the sinless nature of my mother's soul. However, it began to occur to me that when the phone rang, no matter if it was our code or not, my mother would slowly lift the receiver place it to her ear, give me the shut up/hush sign and then never speak into the mouth piece. It was this observation, on my part, that led to my mother coming face to face with the possibility of some level of transgression into the world of sin on her part. My question was simple and without malice of fore thought: "Why do you listen to the phone without talking"? Thus I learned of the wonders of the "party line". The "party line" was a wondrous way of disseminating information to the community at large and my guileless mother was a willing participant in this social experiment. The whole thing was simplicity itself. The phone

rang for number four on the line and so you picked up your phone, which was number two, slowly and discovered number seven was calling number four to invite them to dinner on next Wednesday evening. By picking up slowly you would not produce a click on the line and therefore, in theory, the calling parties would not know you were listening in on their conversation. You would also know that the parties were not Baptists since Wednesday was prayer meeting night. Also number seven had called number four to report that number three had been seen leaving Dr. Smith's office and therefore they must be accepting the new D.O., like they were sure five had done since number six had told number one that the new doc wasn't too bad and they were going to go back instead of going off the ten miles to Cameron. Thus, the news of what was going on had been spread to seven people in a community of four hundred souls who would be sure to tell someone else and lo and behold the whole the community knew the latest.

Now came the tricky part: when to dis-engage. Even then you had to have an exit strategy to participate in this adventure. When should you hang up in order to not get caught listening since you might make the dreaded "click" while the other parties were still gossiping. There were other dangers, of course, such as they talked about you or they said something you weren't supposed to know and now you had to act surprised if someone told you the overheard information. So you can plainly see that Edward Snowden and the NSA connection were mere pikers when it comes to listening in on the masses and then sharing the information. In an age of information, information will be leaked.

Bear

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When it is time to defend a claim, rest assured, Medical Protective has the nation's most proactive defense with the highest winning percentage. On average, nearly 80%* of the cases we handle are closed without a payment. And on the rare occasion a case does go to trial, we win 91%* of the time.

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 - Free “tail” reporting endorsement provisions for death and disability
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Discounts and Credits[¶]

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[†]Medical Protective internal data 2001-2010 [‡]Product availability varies based upon business and regulatory approval and may be offered on an admitted or non-admitted basis. [§]Subject to a retroactive date of at least 48 months prior to retirement and state filing approvals. All products are underwritten by either The Medical Protective Company or National Fire and Marine Insurance Company, members of the Berkshire Hathaway group of businesses. ©2011 Medical Protective



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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.

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