

2016 Physician of the Year

At the 103rd Annual Northwest Osteopathic Convention, Katheryn Norris, DO was announced 2016 WOMA Physician of the Year.

A University of Puget Sound Alumni, Dr. Norris earned her DO degree from Kirksville College of Osteopathic Medicine in 2002. She completed a Family Medicine Residency in 2005 at the May Clinic in Scottsdale, AZ.

Her first year of practice was as staff physician at ASU Health Services. Though she did an allopathic residency in another state, she had taken electives in OMM during medical school, and began using those skills more and more

during her first few years of practice. A decision to move closer to family in Western Washington led her to accept a position as a member of the medical staff at Sunnyside Community Hospital, where she served on several committees. Although the intent was to stay three years, pay off the student loans, and move to the west side of the state, her family is firmly rooted east of the Cascades.

In 2010 she became Rural Health Clinic Medical Director and developed and implemented policies and



President Scott Fannin, DO presents Katheryn Norris, DO with the WOMA 2016 Physician of the Year Award.

procedures to ensure compliance with Washington state rural health clinic rules and regulations for five rural health clinics. She conducted quarterly staff meetings for chart review and to improve workflow processes, patient safety, and quality of care.

In 2012, Dr. Norris became the Director of Medical Education and Residency Program Director for Sollus Northwest Family Medicine Residency, Yakima Valley Farm Workers Clinic in Toppenish, WA.

Her husband, Daniel Norris, commented, "Becoming a physician has meant both sacrifices and rewards for the family. Our daughters understand that it took many years of hard work to get where she is. She works very hard while she is at work, but she is very good at being present while she is at home. There were a few times when they were very little that the girls would be plastered against the window as she had to leave to do an admission at the hospital, but those times were harder on her than they ever were on the girls."

Typical comments from her residents: "She is great role model and physician who has helped shape my medical career and made me a better physician." "Her patience and understanding as a residency program director and dedication to patient care has inspired me to be the best physician I can possibly be and emulate her example of excellence."

Her residency coordinator, Sunshine Gomez, commented that "It has been a great experience building Sollus NW FM Residency Program with her. We started this journey together in 2012 & have not looked back. From early on I saw her compassion for her patients, community & now her staff, it has been a pleasure working alongside her these last few years & I will enjoy creating new ideas & making a new memories moving forward."

Congratulations to Dr Norris and thank you for your service to the osteopathic profession.

2017 Convention Moves to Early May

The 104th Annual NW Osteopathic Convention will take place at Semiahmoo seven weeks earlier than usual in 2017. When the contract was originally signed in 2014, state osteopathic residencies had just begun. The move was made in response to conflicts with residency graduations which made it difficult for residents and faculty to participate in

the convention. The move to off-peak hotel season also lowers the room rates about 9%.

WOMA depends on its CME offerings to help keep the association operating. The CME committee has done an incredible job of providing high-quality, relevant topics by excellent speakers and is currently working on next years' program to

include half day sessions on hypertension and comorbidities, oncology from genetics testing to co-managing pediatric patients, updates on infectious diseases, psychiatric disorders, OMM and professional development workshops.

Please mark your calendars to attend May 4-7 at Semiahmoo.



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www.woma.org

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

Meetings Notice

Saturday, September 10, 2016

CME Committee 8:30 a.m.
Strategic Planning 10:00 a.m.
BOG 1:00 p.m.
WOF 3:00 p.m.

WOMA Office
4700 42nd SW #530
Seattle

Getting to Know You

WOMA is pleased to welcome the following new Active Members:

James Congdon, DO is a 1972 graduate of CCOM. His postgraduate training in Internal Medicine, Hematology and Medical Oncology was received at the Naval Regional Medical Center in Oakland, CA. He practices Hematology and Medical Oncology at the Everett Clinic.

Clair Felpel, DO graduated from WVSOM in 2013 and served her Family Medicine residency at the Wright Center for Graduate Medical Education HealthPoint campus in Auburn. Her practice is in Port Orchard.

Christine Guenther, DO is a 2012 graduate of PCOM and completed her training in Internal Medicine at University Hospitals Regional Hospitals in Richmond Heights, OH in 2016. She is an Internal Medicine hospitalist at Rockwood Clinic Deaconess Hospital in Spokane.

Eric Smith, DO is a 1998 graduate of PCOM and has spent the majority of his medical career serving in the military, most recently at Madigan Army Medical Center. In 1999 he completed an internship in Internal Medicine and Psychiatry at Tripler Army Medical Center and in 2010 a residency in Preventive Medicine at Madigan Army Medical Center. He received a Masters in Public Health from the University of Washington in 2011. He recently retired from military service as a Project Analyst for a Patient Centered Medical Home Consortium at Madigan AMC.

Sharon Stanley, DO practices OMM and Medical Acupuncture in Bellingham. She is a 1985 graduate of DMU and completed her internship at Phoenix General Hospital in 1986. She was certified by the American Osteopathic Board of Special Proficiency in Osteopathic Manipulative Medicine in 1995. She graduated with honors from the Hahnemann College of Homeopathic Medicine, Berkeley in 2000. She received additional training from the Foundation for Osteopathic Research and Teaching, Biodynamic Principles

WOMA Welcomes New Members

WOMA is pleased to welcome the following new members:

Active

James Congdon, DO CCOM'72
Clair Felpel, DO WVSOM'13
Christine Guenther, DO PCOM'12
Eric Smith, DO PCOM'11
Sharon Stanley, DO DMU'85
Keith Swan, DO KCOM'81

Associate

Moses Gallegos, DO COMP'91
Patricia Gallegos, DO COMP'91

Post Graduate

Juliet Bliss, DO ATSU'14
Sheri Finn, DO PNWU'16
Ian Hollows, DO PNWU'16
Tess Ish-Shalom, DO COMP-NW'16
Christina Lierman, DO COMP-NW'16

Clint Thompson, DO PNWU'16
Kristi Trickett, DO PNWU'16

Student

Cindy Chiu ATSU'19
Erin Hoppin Lee TU-CA'18
Tanner Bond RVU'20

The following were awarded Life Membership:

Lynne Haspedis, DO
Louis Koussa, DO
Lawrence Larson, DO
Edward Pierce, DO
Tom Shelton, DO
Christopher Telge, DO

Harold Agner, DO was awarded **Distinguished Life Membership.**

and Apprenticeship in Littleton, NH from 2001 to 2005.

Keith Swan, DO is a member of the KCOM Class of 1981. He completed his internship at Doctors Hospital in Columbus, OH in 1982 and a residency in Obstetrics and Gynecology at Southeast Medical Center, North Miami Beach in 1982-83 and Osteopathic Medical Center of Philadelphia in 1983-84. He is a 1995 Medical Acupuncture of Physicians graduate with Proficiency and was recertified by the American Academy of Medical Acupuncture in 2014.

2017 Election Results

At its annual meeting on June 25, 2016, the WOMA membership elected its 2017 Board of Governors and AOA Delegates.

The Executive Committee, serving a one-year term as of January 1, 2017, will consist of President **Michael J Scott, III, DO**, President-Elect **Rose-Marie Colombini, DO**, Vice President **Rebecca Locke, DO**, Secretary **David Farrell, DO** and Treasurer **Mark Hunt, DO**.

Trustees elected to two-year terms commencing January 1, 2017 are District 1 – **David Escobar, DO**, District 2 – **Suzanne Laurel, DO**, District 3 **Christen Vu, DO**, District 4 **Paul Emmans, Jr, DO** and District 5 **David Hofheins, DO**.

Trustees serving their second of two-year terms in 2017 are: District 1 – **Nathanael Cardon, DO**; District 2 – **Jeanne Rupert, DO**; District 3 – **David Lukens, DO**; District 4 **Amber Figueroa, DO** and District 5 – **Heather Phipps, DO**.

Representing Institutional Members will be **Marc Cote, DO**, for PNWU. Postgraduate members will be represented by **Jie Casey, DO** and student members by **Rachel Kim, OMSII**.

AOA delegates elected to attend the 2017 House of Delegates are Drs. **David Lukens, Amber Figueroa, Paul Emmans, Jr, Harold Agner, Scott Fannin, Paul Emmans, III and Marc Cote**. Alternate delegate is **Anita Showalter, DO**.

Is Your Directory Listing Current?

One of the benefits WOMA membership provides for members in active practice is inclusion in the Find a DO Directory on the WOMA website. It is set up to search for a physician by last name, specialty or zip code.

Members should check the directory at www.woma.org to make sure their information is current.

You may update the information yourself by logging in using the primary email address provided to WOMA and your current password. Or, send the updates to WOMA staff and they will do it for you.

Residents/Interns Wanted

At the WOMA annual membership meeting on June 25, 2016, a bylaws amendment granting full voting rights and committee participation for postgraduate members was approved.

Participation in the voting process and committees by residents is important for WOMA's future. Current interns, residents and fellows are encouraged to get involved. There is a current need for members on the Membership and Professional Education Committees.

In September, the Board of Governors will be electing three members to the Public Affairs Legal/Legislative Committee. If any of these interest you, contact Kathie Iltter at 206-937-5358.

WOMA members in postgraduate training do not pay dues. If you are not a member and would like to get involved, a postgraduate member application is available on the WOMA website at www.woma.org.

License Fee Reduction Proposed

The Department of Health is proposing fee changes for osteopathic physicians and osteopathic physician assistants. In response to the passage of House Bill 2432, the assessment fee on the license for the Washington Physicians Health Program is increased from \$25 to \$50, the same as allopathic physicians. The department is also proposing reductions of initial and renewal licensing fees as well as fees for Retired Active and Limited Licenses for Residents.

Originally, the reduction was to be \$25 to offset the increase in the WPHP fee. That decision was determined by looking at probable growth based on national statistics. At WOMA's prompting, based on Washington State statistics reflecting a 400% growth in initial licenses issued since 2005, further study indicated an additional \$25 deduction was warranted.

Fall Seminar Features Rheumatology Update

After reviewing results of the WOMA Needs Assessment Survey and the evaluations from the Spring Seminar and 2016 Convention, the CME Committee had determined that the Fall Seminar will provide a Rheumatology Update for primary care physicians. Topics under consideration include Rheumatologic Workup in Primary Care, DMARDS and Biologics, Managing Complications and Co-Morbidities in Rheumatology Patients, Seronegative Arthropathies, Current Clinical Knowledge & Evidence of the Diagnosis of Fibromyalgia, Effective Nutrition, Diet and Lifestyle for Rheumatologic Patients and Behavioral Health Issues for the Rheumatology Patient. Confirmed faculty includes Michael Coan, DO and Paul Brown, MD.

The program is scheduled for Saturday, November 5th at the Bellevue Pro Sports Club and will provide 8 Category 1-A credits.

Fees for Original Endorsement Application and Active License Renewal will be reduced from \$425 to \$375 if the proposal is approved. In addition, Retired Active Renewal fees will be reduced from \$219 to \$195.

At the July 22nd meeting of the Board of Osteopathic Medicine and Surgery, Steve Hodgson, Finance and Operations Director for the Health Systems Quality Assurance at the Department of Health, indicated that they will continue to monitor fund balances. He noted that DOH will be investing in a new database system and each program will bear a percentage of the cost. If the program reserves remain stable after that purchase, another decrease could be warranted.

The department is accepting written comments for these rules on the Agency Rules Comment Page until August 11, 2016. If approved, the fee changes will go into effect on January 1, 2017.

New HCA Website

The Health Care Authority (HCA) is proud to announce the launch of its new, user-focused website! As promised, the new [hca.wa.gov](http://www.hca.wa.gov) is designed to make it easier for you to find what you're looking for. To help you find what you need and get on with your day, we've compiled a few links that we think might get you where you're going a bit faster.

Bookmark those pages that you think you'll use in the future (or replace those bookmarks you've used in the past).

How it works

The new [hca.wa.gov](http://www.hca.wa.gov) is "audience-based", meaning it is organized by who you are. The HCA home page: www.hca.wa.gov

General links

These links represent our six main areas of the website:

Apple Health (Medicaid) clients: www.hca.wa.gov/free-or-low-cost-health-care

Apple Health (Medicaid) billers and providers: [/www.hca.wa.gov/billers-providers](http://www.hca.wa.gov/billers-providers)

Public employee benefits: www.hca.wa.gov/public-employee-benefits

Uniform Medical Plans (UMP): www.hca.wa.gov/ump

Our programs and initiatives such as Healthier Washington, Tribal Affairs, Health Technology Assessment, Health Information Technology: www.hca.wa.gov/about-hca/programs-and-initiatives

About the Health Care Authority: www.hca.wa.gov/about-hca

Specific links

These links are specific to the types of information you as a **Prescription Drug Program Stakeholder** are usually looking for:

PDP home page: <http://www.hca.wa.gov/about-hca/prescription-drug-program>

P&T Meetings and materials: <http://www.hca.wa.gov/about-hca/prescription-drug-program/meetings-and-materials>

WA Preferred Drug List and drug class updates: <http://www.hca.wa.gov/about-hca/prescription-drug-program/reports>

Become an Endorsing Practitioner: <http://www.hca.wa.gov/billers-providers/programs-and-services/becoming-endorsing-practitioner>

WPDP Discount Card: <http://www.hca.wa.gov/free-or-low-cost-health-care/prescription-assistance/washington-prescription-drug-program-wpdp>

Need Help Understanding MACRA?

The Medicare Access and CHIP Reauthorization Act (MACRA) is a new reimbursement method that will replace the sustainable growth rate (SGR) formula that governed Medicare reimbursement in the past. It rewards quality of care. The model hasn't been finalized

yet; the Centers for Medicare and Medicaid Services (CMS) has issued a proposed rule and will issue final guidance no later than Nov. 1, 2016. To find out more about it, go to <http://www.osteopathic.org/inside-aoa/public-policy/medicare-payment-the-road-ahead/Pages/default.aspx>.

**Mark Your
Calendars!**

**104th Annual
Northwest
Osteopathic
Convention**

**May 4-7, 2017
Semiahmoo
Resort**

Suicide Assessment Training Required

Legislation passed over the last few years requires all osteopathic physicians to have at least six hours of training in suicide assessment, treatment and management with specific content. By January 1, 2017, DOH must create a model list of training programs that meet the minimum standards. By July 1, 2017, people in health care professions required to take suicide prevention training will have to take a training program from the model list. **(If you attended WOMA's 2015 Spring Seminar, "Suicide Risk Assessments, Treatment and Management" on March 21st and attested to six hours of training, you have met the requirements.)**

For a list of programs approved through June 30, 2017 go to the DOH Website. Although not an accredited CME program, the QPR for Physicians and Physician Assistants Webinars have been approved by the Department of Health to meet the 6 hours of training required. This is an online course with several modules. The final exam is a national 25-item test that few health care or mental health professionals can pass without completing this course or one like it.

WOMA members will receive a 15% discount on the registration fee by following these instructions:

Go to WOMA's home page at www.woma.org and select WOMA Discount under QPR Suicide Prevention Training. Select the red subscribe box to go to the next page. Make sure the box in front of QPR for Physicians and Physician Assistants is checked. Select Add to Cart which will open a new page. In the box under My Cart type WOMA. Select Check – the 15% discount should appear. Follow the Log in or register instructions.

Northeast Medicare Contractor Proposes Limit on OMT Reimbursement

The National Government Services (NGS), a regional Medicare carrier in 10 states—Illinois, Minnesota, Wisconsin, Connecticut, New York, Massachusetts, New Hampshire, Vermont, Maine and Rhode Island—has announced that they intend to change the local coverage determination (LCD) DL33616, which dictates coverage indications and limitations/medical necessity for OMT.

The proposed changes have the potential to negatively limit OMT reimbursement and could affect patient treatments and outcomes at a time when there is a need for nonpharmacological treatment options to improve function and decrease pain. Although the current changes affect only 10 states, the rule could quickly spread across the country, adopted by other Medicare contractors and private insurers.

What is being done? The American Academy of Osteopathy leadership has been coordinating its efforts with the AOA and some of the state organizations in response to NGS. The efforts have been made to bring about a resolution that serves all DOs and their patients.

At the most recent meeting of the carrier advisory board in Waltham, Massachusetts, on June 21, 2016, members of the AOA leadership, AAO OMEC and the Maine Osteopathic Association (MOA), as well as others, spoke to the need to revise the proposed changes and to protect DOs' ability to practice OMT and receive fair reimbursement. These

efforts have been ongoing since that time, and public comments are being accepted until Aug. 13, 2016.

To coordinate the public response in a unified manner, the AOA has suggested the following:

It is important for comment letters, as much as is possible, to go through a centralized submission process for two key reasons:

1. It allows for the staging of submissions, so there can be a steady flow throughout the comment period which has already begun and finalizes on Aug. 13.

2. It allows contact information to be captured so personal follow-up can take place and requests for additional actions be initiated at key moments.

What Can You DO?

Email your comment letter directly to govt-issues@osteopathic.org today, or you can submit it online at SaveOMT.org soon.

Download the AOA high-level talking points to help you draft your comment letter. The document also includes a red-lined version of the LCD. The edits you see there are not the AOA's proposed changes; they are the NGS's changes. All DOs are encouraged to write in support and submit your response during the open comment period.

WOMA has representation on the Contractor Advisory Committee for this region and is monitoring proposed LCDs. You may check Noridian's LCDs by choosing the LCD tab on the WOMA website at www.woma.org.

Convention Supporters Appreciated

We are grateful to our exhibitors and grantors for helping to make the 103rd Annual Northwest Osteopathic Convention possible. Special thanks go to the Washington Osteopathic Foundation and the Northwest Osteopathic Medical Convention for the CME grants provided.

Exhibitors add another dimension to our convention and we are most appreciative to the following for participating in our program: Abbvie, Alkermes, Astavita, ATSU-SOMA, Eli

Lilly, Healthy Habits, Indivior, IRG Physical & Hand Therapy, MedPro Group, Northwest Osteopathic Medical Foundation, Novo Nordisk, Osteopac, Pacific NW University, Physicians Insurance, Providence, Purdue Pharma, Sanofi, Teva Pharmaceuticals and Teva Respiratory.

Please express appreciation for their support if the opportunity presents itself.

2017 Convention Features



Clockwise from top: Attendees enjoyed informative presentations including an OMM Lectures and Lab on the Upper Extremity, Update on Heroin and Cannabis, Dermatology, botulinum Toxins for Neurologic Disorders, Diabetic Renal Disease, updates on TB, Allergy and Immunology, Cardiology, Endocrinology and professional development topics.



Lobbyist David Knutson provides a review of the 2016 legislative session and what to expect in 2017.



AOA Trustee Mark Baker, DO provides an update on the AOA-ACGME residency status.



President Scott Fannin presents Executive Director Kathie Itter with a special lightbox plaque in recognition of her support of the osteopathic profession.



President Fannin congratulates Tom Shelton, DO on his Life Member award PNWU Dean Thomas Scandalis, DO reports on the schools progress and future plans.

President Fannin's annual meeting report expressed a need for more members and involvement.

2017 Convention Features



Clockwise from top:
Members attending the annual meeting elected the 2017 leadership and listened to President Fannin express concern for WOMA's future



President Fannin congratulates members recognized for their many years of membership:

- Loren H Rex, DO - 46 years
- John W Fuchs, DO - 45 years
- David Lukens, DO - 48 years
- Paul Emmans, Jr, DO - 43 years



President-elect Mike Scott, DO (right) poses with the Fannin family after presenting Dr. Fannin with his Presidential Plaque. From left - Jennifer Fannin, Scott Fannin, DO, Scarlet Fannin, Sterling Fannin and Dr. Scott.



President Fannin (left) expresses appreciation for grants provided by NW Osteopathic Medical Foundation and Washington Osteopathic Foundation. Pictures are NOMF Executive Director David Tate and WOF President David Lukens, DO.



Presenter Robyn Phillips-Madson, DO (center) with PNWU students Ella Kuchmiy, OMSII and Nichole Boyd, OMSII.



OSTEOPAC

Washington Osteopathic Physicians and Surgeons
Political Action Committee

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

To All Washington Osteopathic Physicians,

Being an effective advocate for osteopathic physicians involves both offense and defense; getting legislation passed and killing legislation that negatively impacts the profession.

Some recent successes include:

1. Passing legislation to prohibit discrimination against PNWU students applying for clinical rotations in hospitals and other health care settings. It stopped the practice of UW Medicine's exclusive contracts with training facilities that excluded PNWU and other osteopathic medical students.
2. Additional funding for residencies so DO graduates can compete for in-state residencies.
3. Passed legislation requiring PNWU and UW Medicine Deans to Co-Chair the Residency committee, requiring a permanent seat for a WOMA member, to ensure a level playing field.
4. Included WOMA representation on the Health Technology Assessment Committee of the HCA.

In order to stop proposals that could damage the Profession we were successful in:

1. Defeating an attempt to increase the Business & Occupation Tax paid by Physicians.
2. Defeating an attempt to require Physicians to serve Medicaid clients as a condition of Licensure.
3. Defeating an attempt by Naturopaths to gain Prescriptive Authority.
4. Defeating an Interstate Licensure bill that would have required all Osteopathic Physicians to fund the Interstate Commission through license fee increases, regardless of whether they participated in the program or not.
5. Amending the Impaired Physicians Act statute to include specific mention of Osteopathic Physicians, instead of a reference in the Medical Doctor statute.

There will be several issues and challenges facing Osteopathic Physicians during the upcoming 2017 Legislative Session, including:

1. Making Washington a Physician-friendly State by restricting credentialing requirements to state licensure standards.
2. Updating the Board of Osteopathic Medicine and Surgery statute to address the size, makeup and structure of the organization.
3. Ongoing "Turf Wars" between health care providers, such as physical therapists and acupuncturists. (WOMA is committed to preserving public safety by opposing any proposal that expands scopes of practice without appropriate training.)
4. Insurance Commissioner regulations related to Prior Authorization by Health Carriers.
5. Dept. of Health task force on Out of Pocket expenses for consumers
6. Health Care Authority initiatives to address the high cost of Prescription Drugs

Your Osteopac funds support DO Day in Olympia, the VoterVoice online advocacy program and candidates who can help us in the Legislature. The fundraising kickoff at the convention raised \$9,000. Our goal this year is \$20,000. (This is very small compared to other health professions.) Please allow me to prevail on your considered good judgment by becoming a member of Osteopac at whatever level you feel personally able to afford. If you have not yet done so, please sit down TODAY, print and complete the registration form on page 9 and mail it with your personal (not business) check. Osteopac funds are used to sponsor DO Day in Olympia, the VoterVoice email program and support candidates who help us in the Legislature.

Sincerely,
Lindy Griffin, DO, President

OSTEOPAC

Washington Osteopathic Physicians and Surgeons
Political Action Committee

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

2016 Membership Registration

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

Date _____

*Name _____

*Address _____

*City _____ *State _____ *Zip _____

_____ Retired _____ Self Employed

*Employer (if other than self) _____

*Employer Address _____

*City _____ *State _____ *Zip _____

_____ \$ 25.00

_____ \$ 100.00

_____ \$ 365.00

_____ \$ 50.00

_____ \$ 200.00

_____ Other \$ _____

Make Your Personal Check Payable to: OSTEOPAC

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

* Information required by Public Disclosure Commission



D.O. Day in Olympia
Wednesday, March 1, 2017
9:00 a.m. to 3:00 p.m.
 Columbia Room
 Legislative Building



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

The day will start at 9:00 a.m. with everyone assembling for instructions on the issues to discuss in your meetings with the legislators and updates on current legislation. Constituent appointments will be made with legislators starting at 9:30 a.m. Participants will meet with legislators, drop off packets of information at the offices of legislators without appointments, provide OMM demonstrations and give 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 6th** to allow time to schedule appointments. This is a joint project with PNWU and those coming from the Yakima area are invited to ride the bus from PNWU and Ellensburg 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 and request appointments with them for you:

Address _____

City, State, Zip _____

Phone _____ Email _____

Dietary Restriction: Vegetarian Vegan Gluten Free Dairy Free

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 Ellensburg

Please send registration by January 6, 2017 to: WOMA
 PO Box 16486
 Seattle, WA 98116-0486
 Or fax to: 206-933-6529

AGENDA

- | | |
|--|---|
| <p>9:00 Arrive in Olympia
Meet at Columbia Room, first floor of the Legislative Building for Instructions for discussion issues</p> <p>9:30 Meetings with individual legislators; Deliver materials to legislators with no appointments; Blood pressure check stations, OMM demonstrations in Columbia Room</p> <p>11:45 Lunch in Columbia Room with Legislators & Staff
Continue meetings with individual legislators; Deliver materials to legislators with no appointments</p> <p>3:00 Blood pressure check stations, OMM demonstrations in Columbia Room</p> | <p>3:00 Restore room to original condition
Leave Olympia
Depending on availability, appointments may have to be made during lunch.</p> <p>Your appointments, usually about 10 minutes, will each be in one of four buildings:
Legislative Building (the Dome) (LEG)
John A Cherberg Building (JAC)
Irving Newhouse Building (INB)
John L O'Brien Bldg (JLOB)</p> <p><u>Supplies Needed</u>
blood pressure cuffs (different sizes)
An OMM Portable Table</p> |
|--|---|



Bear Droppings... ..

by Loren H. Rex, D.O.

Well here we go again. At some point in the distant past, I somehow became the "HISTORIAN" for WOMA. Memory doesn't serve me well on how this happened, but it must have, since Kathie I tter assigned me to the task of writing this Bear dropping column, so here goes. First, I would suggest that if you are interested in the historical perspectives of our chosen profession, you should start your reading anything written by Norman Gevitz, PhD, as he is probably the best chronicler of the profession. I was fortunate to spend some days with him years ago when he came to Washington to speak for WOMA. The Synopsis from his book reads:

"Overcoming suspicion, ridicule, and outright opposition from the American Medical Association, the osteopathic medical profession today serves the health needs of more than thirty million Americans. The DOs chronicles the development of this controversial medical movement from the nineteenth century to the present. Historian Norman Gevitz describes the philosophy and practice of osteopathy, as well as its impact on medical care. From the theories underlying the use of spinal manipulation developed by osteopathy's founder, Andrew Taylor Still, Gevitz traces the movement's early success, despite attacks from the orthodox medical community, and details the internal struggles to broaden osteopathy's scope to include the full range of pharmaceuticals and surgery. He also recounts the efforts of osteopathic colleges to achieve parity with institutions granting M.D. degrees and looks at the continuing effort by osteopathic physicians and surgeons to achieve greater recognition and visibility. In print continuously since 1982, The DOs has now been thoroughly updated and expanded to include two new chapters addressing recent and current challenges and to bring the history of the profession up to the beginning of the new millennium. "

Another article of general interest is "Thanks but no thanks", a history of our relationship to the military. Abstract: Osteopathic physicians were denied the same rights and privileges that were granted to allopathic physicians by the US government regarding voluntary and compulsory service in World War I and World War II. Even after changes to the examination process allowed osteopathic physicians to take the examinations required to obtain commission as a physician in the army, osteopathic physicians' service was still rejected. The US government's decision to ban DOs from serving in the war was a blessing in disguise that led to tremendous changes in osteopathic medicine, education, and public acceptance of osteopathic physicians. Using primary documents from military officials, congressional hearings, and archived publications of the American Osteopathic Association, the author recounts the battle osteopathic physicians fought to serve their country during war and the challenges they faced while obtaining both legal and social equality in the eyes of the government and the public.

If you are looking for the sort of thing we used to have to put up with all the time you will find the material at "Quackwatch: a United States-based network of people founded by Stephen Barrett, which aims to "combat health-related frauds, myths, fads, fallacies, and misconduct" and to focus on "quackery-related information that is difficult" This is just good old fashioned thinly disguised HATE. Although this material is available online and in old WOMA records, I didn't feel like digging through old court records. However, I believe the material to be accurate.

Basically my only qualification for this job is that I came to Washington a long time ago and have managed to grow fairly old here. When, in 1968, I began to look at Washington as a place to intern and practice, it was a very different world indeed. It was a mere six years since the

attempt in California to deal with, once and for all time, what was referred to as the "Osteopathic Problem." A concept I personally find very offensive! At any rate, through a very clever ballot wording, we lost our largest college, a large hospital, and the right to license Osteopathic Physicians for several years. Protracted legal battles finally got our rights back, but it was difficult and expensive.

The same thing was tried in Washington by WSMA the following year with a phony medical school called "The Washington College of Physicians," Due to size limitations, this is the sole portion of the history of WOMA/ WSMA relations I will write about for now. The basic deal was that for \$100 and twelve Saturday afternoon meetings you too could buy your very own M.D. degree and turn in your old soon to be worthless D.O. degree. The old deal was in effect: you get what you pay for. I wish I had been around for the ensuing period as we as a profession fought for our lives. The osteopathic meetings must have been interesting since on at least one occasion the police had to be called to restore order. Due to the efforts of this small group of D.O.'s, the legal battles were continued until the Washington Supreme court ruled that the whole Washington College of Physicians was a scam and lacked any credibility and had no rights concerning the granting of degrees. Due to the wonders of the legal system, four D.O.'s were allowed to keep their M.D. degrees obtained in this manner. When I was an Intern, virtually every staff member told me that "I didn't take the degree but almost everyone else did." Doesn't quite add up when you think about it. For a few years we had D.O.s move here with the hope of obtaining an M.D. degree, and then in a year or two when they figured out it wasn't going to happen, they moved on.

I hope in some small way this column has whetted your interest in learning about our rich and interesting history. At the very least we will make an interesting asterisk on the bottom of the page in our chapter of the Book of Medicine. Whatever becomes of us, we were an interesting lot.

Bear

ACTIVE MEMBERSHIP APPLICATION



Date _____

*Unless otherwise requested, the primary form of communication whenever possible will be email. Please print or type legibly or application will be returned. **Attach current CV with all training, certification and past practice information.***

Name _____ Office Email _____

Physical Address of Current Practice _____ Phone _____

City, State, Zip _____ County _____

Residential Address _____ Phone _____

City, State, Zip _____ County _____

Mailing Address _____ Office _____ Residence _____ Other _____

City, State, Zip _____

Gender ___M___F AOA# _____ Birthdate _____ Spouse's Name _____

Preferred Email ___Office (Above)___ ___Other_____

PRACTICE INFORMATION

WA State License Number _____ Date Issued _____

Other Current/Past State Licenses _____

Present Practice Focus _____

Hospital Staff (Present) _____

Hospital Staff (Past) _____

Other State Divisional Society Memberships (Past and Present) _____

TRAINING

(If attached CV does not provide the following information, please complete below)

COM _____ Grad Year _____

Internship Program _____

Location _____ Completion Year _____

Residency Program _____

Location _____ Completion Year _____

Specialty Certification _____

Board Certification ___AOA___ ___ABMS___ Current? ___Yes___ ___No___

Certifying Board(s) _____

Have you ever had a license limited, suspended or revoked? No _____ Yes _____
If yes, please attach explanation.

Have your prescribing privileges ever been limited or suspended? No _____ Yes _____ If yes, please attach explanation.

Please list any interests or talents you wish to employ as a member: (Leadership, Legislative, Speaking, etc.):

_____ I will provide shadowing for premed students. _____ I will precept osteopathic medical students

WOMA Member Referral (if known) _____

By my submission, I hereby agree to practice, comply and govern my conduct in accordance with the code of ethics of the WOMA and such other standards of conduct and practice ethics adopted by WOMA.

I hereby authorize release of the information contained in this application and WOMA membership file to those organizations or hospitals to whom I may subsequently apply for membership; and release to WOMA, by organizations, agencies and hospitals of information relative to my membership in those organizations and my professional practice. I understand that withholding or falsification of information will result in denial of membership."

Signature of Applicant _____ Date _____

Payment Options

WOMA Membership begins January 1 and ends December 31 of each year

_____ **Enclosed is my application fee of \$35 and Dues of:**

_____ \$160 First year in Practice (Pro-rate to \$40 per remaining quarter)

_____ \$320 Second year in practice (Pro-rate to \$80 per remainign quarter)

_____ \$640 Three or more year s in pactice (Pro-rate to \$160 per remaining quarter)

_____ **Charge my \$35 application fee and Dues of \$** _____

___ Visa ___ MasterCard Card Number _____

3-digit security code _____ Expiration Date _____ Billing Zip Code _____

Name on Card _____ Signature _____

Please submit this application with your current CV to the address below or scan and email to hmattson@woma.org.

**P.O. Box 16486 / Seattle, WA 98116-0486
(206) 937-5358
FAX (206) 933-6529**

Why WOMA?

In addition to being the osteopathic profession's legislative watchdog, WOMA is the conduit for DO representation on all major state committees and workgroups discussing health care issues and setting standards for care and reimbursement. WOMA also provides high-quality local CME for primary care and some specialties, a website providing information about the profession to the public and the Find A DO Directory providing online referrals to members.

WOMA recently made its case to the Finance and Operations Director of the Health Systems Quality Assurance Division of the Department of Health for a license fee reduction of \$50 effective January 1, 2017. This will offset the \$25 raise in the assessment for the Washington Physicians Health Program. WOMA will continue to seek reductions in your license fee.

WOMA needs your support to maintain advocacy for your profession. Please join now to ensure continued advocacy. An application is available at www.woma.org under the membership tab.

P&T Committee Openings

The Washington State Health Care Authority is seeking applications from interested physicians and pharmacists to fill four current openings on the Washington State Pharmacy & Therapeutics (P&T) Committee beginning in January 2017.

The purpose of the committee is to evaluate the available evidence of the relative safety, efficacy, and effectiveness of prescription drugs within a class of prescription drugs and make recommendations to the appointing authority for its deliberation in the development of the preferred drug list established in RCW 70.14.050. The P&T Committee also serves as the Medicaid Drug Utilization Review (DUR) Board.

The initial term of appointment is 3 years. Members of the committee will be compensated for attendance at meetings in accordance with a personal services contract executed after appointment to the committee.

Applicants should submit a current CV or resume, along with a letter of interest demonstrating that they meet the following criteria set forth in WAC 182-50-025:

1) Members must be actively practicing in their clinical area of

expertise throughout the entire term of their appointments.

2) Members must have knowledge and expertise in one or more of the following:

a) Clinically appropriate prescribing of covered outpatient drugs;

b) Clinically appropriate dispensing and monitoring of covered outpatient drugs;

c) Drug use review;

d) Medical quality assurance;

e) Disease state management; or

f) Evidence-based medicine.

3) Members of the committee shall not be employed by a pharmaceutical manufacturer, a pharmacy benefits management company, or by any state agency administering state purchased health care programs during their term and shall not have been so employed and for eighteen months prior to their appointment.

4) A member shall not have a substantial financial conflict of interest including any interest in any pharmaceutical company, including the holding of stock options or the receipt of honoraria

or consultant moneys. The appointing authority in its sole discretion may disqualify any potential member if it determines that a substantial conflict of interest exists.

5) As part of the application process, prospective committee members shall complete a conflict of interest disclosure form, provided by the appointing authority, and after appointment, annually by July 1st of each year. Members must keep their disclosure statements current and provide updated information whenever circumstances change.

6) Committee members must agree to keep all proprietary information confidential.

Applications must be received no later than close of business September 30, 2016.

Please submit applications to Leta Evaskus, 1511 3rd Ave Suite 523, Seattle, WA 98101, or leta.evaskus@hca.wa.gov. For more information, please contact Donna Sullivan, PharmD at (360) 791-8783, or donna.sullivan@hca.wa.gov.

Demographic Surveys On Their Way

The Department of Health and Board of Osteopathic Medicine and Surgery plan to begin distributing demographic surveys for osteopathic physicians and physician assistants licensed under the board by the end of September of this year. The surveys ask questions such as: "Are you working? Where are you working? What's your area of specialty?" Collecting this information will help promote the osteopathic

profession and help the state to make good health policy decisions. Based on a law that was passed in 2015, the board must distribute these surveys and osteopathic physicians and PAs are required to respond. More information is available at doh.wa.gov/workforcesurvey.

Disabled Parking Prescribing

Healthcare providers are advised to protect themselves and their patients who rely on this program by not prescribing special parking to those who do not meet the required criteria.

Disabled parking privilege criteria

1. Cannot walk two hundred feet without stopping to rest;

2. Is severely limited in ability to walk due to arthritic, neurological, or orthopedic condition;

3. Uses portable oxygen;

4. Is restricted by lung disease to an extent that forced expiratory respiratory volume, when measured by spirometry, is less than one liter per second or the arterial oxygen tension is less than sixty mm/hg on room air at rest;

5. Impairment by cardiovascular disease or cardiac condition to the extent that the person's functional limitations are classified as class III or IV under standards accepted by the American heart association;

6. Has a disability resulting from an acute sensitivity to automobile emissions that limits or impairs the ability to walk. The personal physician, advanced registered nurse practitioner, or physician assistant of the applicant shall document that the disability is comparable in severity to the others listed in this subsection;

7. Has limited mobility and has no vision or whose vision with corrective lenses is so limited that the person requires alternative methods or skills to do efficiently those things that are ordinarily done with sight by persons with normal vision;

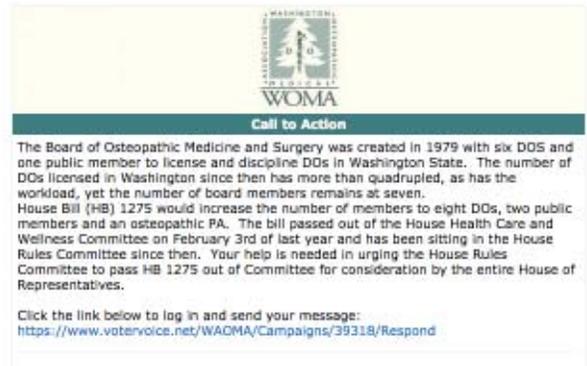
8. Has an eye condition of a progressive nature that may lead to blindness; or

9. Is restricted by a form of porphyria to the extent that the applicant would significantly benefit from a decrease in exposure to light.

VoterVoice Advocacy for DOs Through WOMA

From time to time, WOMA will call on you to help take action on legislative issues important to the organization. All you have to do is click the link in the email, enter your information if it isn't already pre-filled in for you, modify your message if you'd like, and then click Send Message.

1. You'll receive an email alert from us that looks something like this below. Click on the link to take action:



2. If your information is already pre-filled in, just enter in the information in any fields that are blank (Suffix is not required.) If your information is not already pre-filled in, enter in Email and Zip code and continue and fill out the rest of the information in the form.

Compose First Message	Enter Your Info <small>Privacy Policy</small>
<p>Recipients</p> <ul style="list-style-type: none"> • Representative Sharon Santos • Representative Eric Pettigrew <p>Message</p> <p>Subject Please sponsor</p> <p>Body Please sponsor this bill! This will affect me in x, y, and z ways.</p> <p>Remaining: 9,934</p> <p>Customize Your Signature (optional)</p>	<p>Your Information</p> <p>Prefix First Name Last Name Suffix Dr. John Doe</p> <p>Email myemail@gmail.com</p> <p>Home Information Address Okay</p> <p>Street Address 3820 Rainier Ave S</p> <p>City State ZIP Code Seattle WA 98118</p> <p><input checked="" type="checkbox"/> I want to receive future email alerts</p> <p><input checked="" type="checkbox"/> Remember me <small>(Uncheck on shared computers)</small></p> <p>Send Message</p>

3. Make any changes you'd like (optional) to the pre-written message we've displayed for you.

4. Click on Send Message and you'll see a confirmation page that shows you who you send to, and may also show you the ability to share this alert with friends on social media.

That's it!

(This advocacy program is funded by Osteopac. If you have not already done so, please join today by printing out and completing the form on page 9 and submit with your check in whatever amount you feel able to afford. Any amount is greatly appreciated.)

Board of Osteopathic Medicine and Surgery

Pain Management Rules

In light of recent developments concerning the closure of the Seattle Pain Center and its displaced patients, anyone considering taking these patients should be aware of the Pain Management Rules.

246-853-660

Pain management—Intent.

These rules govern the use of opioids in the treatment of patients for chronic non-cancer pain.

246-853-661

Exclusions.

The rules adopted under WAC 246-853-660 through 246-853-673 do not apply to:

- (1) The provision of palliative, hospice, or other end-of-life care; or
- (2) The management of acute pain caused by an injury or surgical procedure.

246-853-662

Definitions.

The definitions in this section apply in WAC 246-853-600 through 246-853-673 unless the context clearly requires otherwise.

(1) “Acute pain” means the normal, predicted physiological response to a noxious chemical, thermal, or mechanical stimulus and typically is associated with invasive procedures, trauma, and disease. It is generally time-limited, often less than three months in duration, and usually less than six months.

(2) “Addiction” means a primary, chronic, neurobiologic disease with genetic, psychosocial, and environmental factors influencing its development and manifestations. It is characterized by behaviors that include:

- (a) Impaired control over drug use;
- (b) Craving;
- (c) Compulsive use; or
- (d) Continued use despite harm.

(3) “Chronic non-cancer pain” means a state in which non-cancer pain persists beyond the usual course of an acute disease or healing of an injury, or that may or may not be associated with an acute or chronic pathologic process that causes continuous or intermittent pain over months or years.

(4) “Comorbidity” means a preexisting or coexisting physical or psychiatric disease or condition.

(5) “Episodic care” means medical care provided by a provider other than the

designated primary provider in the acute care setting, for example, urgent care or emergency department.

(6) “Hospice” means a model of care that focuses on relieving symptoms and supporting patients with a life expectancy of six months or less. Hospice involves an interdisciplinary approach to provide health care, pain management, and emotional and spiritual support. The emphasis is on comfort, quality of life and patient and family support. Hospice can be provided in the patient’s home as well as freestanding hospice facilities, hospitals, nursing homes, or other long-term care facilities.

(7) “Morphine equivalent dose” means a conversion of various opioids to a morphine equivalent dose by the use of accepted conversion tables.

(8) “Multidisciplinary pain clinic” means a clinic or office that provides comprehensive pain management and may include care provided by multiple available disciplines or treatment modalities; for example, physicians, physician assistants, osteopathic physicians, osteopathic physician assistants, advanced registered nurse practitioners, physical therapy, occupational therapy, or other complementary therapies.

(9) “Palliative” means care that improves the quality of life of patients and their families facing life-threatening illness. With palliative care particular attention is given to the prevention, assessment, and treatment of pain and other symptoms, and to the provision of psychological, spiritual, and emotional support.

[246-853-663

Patient evaluation.

The osteopathic physician shall obtain, evaluate, and document the patient’s health history and physical examination in the health record prior to treating for chronic non-cancer pain.

(1) The patient’s health history shall include:

- (a) Current and past treatments for pain;
- (b) Comorbidities; and
- (c) Any substance abuse.

(2) The patient’s health history should include:

- (a) A review of any available prescription monitoring program or emergency department-based information exchange; and

(b) Any relevant information from a pharmacist provided to the osteopathic physician.

(3) The initial patient evaluation shall include:

- (a) Physical examination;
- (b) The nature and intensity of the pain;
- (c) The effect of the pain on physical and psychological function;
- (d) Medications including indication(s), date, type, dosage, and quantity prescribed;
- (e) A risk screening of the patient for potential comorbidities and risk factors using an appropriate screening tool. The screening should address:
 - (i) History of addiction;
 - (ii) Abuse or aberrant behavior regarding opioid use;
 - (iii) Psychiatric conditions;
 - (iv) Regular concomitant use of benzodiazepines, alcohol, or other central nervous system medications;
 - (v) Poorly controlled depression or anxiety;
 - (vi) Evidence or risk of significant adverse events, including falls or fractures;
 - (vii) Receipt of opioids from more than one prescribing practitioner or practitioner group;
 - (viii) Repeated visits to emergency departments seeking opioids;
 - (ix) History of sleep apnea or other respiratory risk factors;
 - (x) Possible or current pregnancy; and
 - (xi) History of allergies or intolerances.

(4) The initial patient evaluation should include:

- (a) Any available diagnostic, therapeutic, and laboratory results; and
 - (b) Any available consultations.
- (5) The health record shall be maintained in an accessible manner, readily available for review, and should include:
- (a) The diagnosis, treatment plan, and objectives;
 - (b) Documentation of the presence of one or more recognized indications for the use of pain medication;
 - (c) Documentation of any medication prescribed;
 - (d) Results of periodic reviews;
 - (e) Any written agreements for treatment between the patient and the osteopathic physician; and
 - (f) The osteopathic physician’s instructions to the patient.

246-853-664

Treatment plan.

(1) The written treatment plan shall state the objectives that will be used to determine treatment success and shall include, at a minimum:

- (a) Any change in pain relief;
- (b) Any change in physical and psychosocial function; and
- (c) Additional diagnostic evaluations or other planned treatments.

(2) After treatment begins the osteopathic physician should adjust drug therapy to the individual health needs of the patient. The osteopathic physician shall include indications for medication use on the prescription and require photo identification of the person picking up the prescription in order to fill. The osteopathic physician shall advise the patient that it is the patient's responsibility to safeguard all medications and keep them in a secure location.

(3) Other treatment modalities or a rehabilitation program may be necessary depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment.

[Statutory Authority: RCW 18.57.285, 18.57A.090, 18.57.005, 18.57A.020. WSR 11-10-062, § 246-853-664, filed 5/2/11, effective 7/1/11.]

246-853-665

Informed consent.

The osteopathic physician shall discuss the risks and benefits of treatment options with the patient, persons designated by the patient, or with the patient's surrogate or guardian if the patient is without health care decision-making capacity.

246-853-666

Written agreement for treatment.

Chronic non-cancer pain patients should receive all chronic pain management prescriptions from one osteopathic physician and one pharmacy whenever possible. If the patient is at high risk for medication abuse, or has a history of substance abuse, or psychiatric comorbidities, the prescribing osteopathic physician shall use a written agreement for treatment with the patient outlining patient responsibilities. This written agreement for treatment shall include:

(1) The patient's agreement to provide biological samples for urine/serum medical level screening when

requested by the osteopathic physician;

(2) The patient's agreement to take medications at the dose and frequency prescribed with a specific protocol for lost prescriptions and early refills;

(3) Reasons for which drug therapy may be discontinued (e.g., violation of agreement);

(4) The requirement that all chronic pain management prescriptions are provided by a single prescriber or multidisciplinary pain clinic and dispensed by a single pharmacy or pharmacy system;

(5) The patient's agreement to not abuse alcohol or use other medically unauthorized substances;

(6) A written authorization for:

(a) The osteopathic physician to release the agreement for treatment to local emergency departments, urgent care facilities, and pharmacies; and

(b) Other practitioners to report violations of the agreement back to the osteopathic physician.

(7) A written authorization that the osteopathic physician may notify the proper authorities if he or she has reason to believe the patient has engaged in illegal activity;

(8) Acknowledgment that a violation of the agreement may result in a tapering or discontinuation of the prescription;

(9) Acknowledgment that it is the patient's responsibility to safeguard all medications and keep them in a secure location; and

(10) Acknowledgment that if the patient violates the terms of the agreement, the violation and the osteopathic physician's response to the violation will be documented, as well as the rationale for changes in the treatment plan.

246-853-667

Periodic review.

The osteopathic physician shall periodically review the course of treatment for chronic non-cancer pain, the patient's state of health, and any new information about the etiology of the pain. Generally, periodic reviews shall take place at least every six months. However, for treatment of stable patients with chronic non-cancer pain involving non-escalating daily dosages of forty milligrams of a morphine equivalent dose (MED) or less, periodic reviews shall take place at least annually.

(1) During the periodic review, the osteopathic physician shall determine:

(a) Patient's compliance with any medication treatment plan;

(b) If pain, function, or quality of life have improved or diminished using objective evidence, considering any available information from family members or other caregivers; and

(c) If continuation or modification of medications for pain management treatment is necessary based on the osteopathic physician's evaluation of progress towards treatment objectives.

(2) The osteopathic physician shall assess the appropriateness of continued use of the current treatment plan if the patient's progress or compliance with current treatment plan is unsatisfactory. The osteopathic physician shall consider tapering, changing, or discontinuing treatment when:

(a) Function or pain does not improve after a trial period;

(b) There is evidence of significant adverse effects;

(c) Other treatment modalities are indicated; or

(d) There is evidence of misuse, addiction, or diversion.

(3) The osteopathic physician should periodically review information from any available prescription monitoring program or emergency department-based information exchange.

(4) The osteopathic physician should periodically review any relevant information from a pharmacist provided to the osteopathic physician.

246-853-668

Long-acting opioids, including methadone.

Long-acting opioids, including methadone, should only be prescribed by an osteopathic physician who is familiar with its risks and use, and who is prepared to conduct the necessary careful monitoring. Special attention should be given to patients who are initiating such treatment. The osteopathic physician prescribing long-acting opioids or methadone should have a one-time (lifetime) completion of at least four hours of continuing education relating to this topic.

246-853-669

Episodic care.

(1) When evaluating patients for episodic care, such as emergency or urgent care, the osteopathic physician

should review any available prescription monitoring program, emergency department-based information exchange, or other tracking system.

(2) Episodic care practitioners should avoid providing opioids for chronic pain management. However, if opioids are provided, the osteopathic physician should limit the use of opioids for a chronic non-cancer pain patient to the minimum amount necessary to control the pain until the patient can receive care from a primary care practitioner.

(3) Prescriptions for opioids written by an episodic care practitioner shall include indications for use or the International Classification of Diseases (ICD) code and shall be written to require photo identification of the person picking up the prescription in order to fill.

(4) If a patient has signed a written agreement for treatment and has provided a written authorization to release the agreement under WAC 246-853-666(6) to episodic care practitioners, then the episodic care practitioner should report known violations of the agreement back to the patient's treatment practitioner who provided the agreement for treatment.

246-853-670

Consultation—Recommendations and requirements.

(1) The osteopathic physician shall consider referring the patient for additional evaluation and treatment as needed to achieve treatment objectives. Special attention should be given to those chronic non-cancer pain patients who are under eighteen years of age, or who are at risk for medication misuse, abuse, or diversion. The management of pain in patients with a history of substance abuse or with comorbid psychiatric disorders may require extra care, monitoring, documentation, and consultation with, or referral to, an expert in the management of such patients.

(2) The mandatory consultation threshold for adults is one hundred twenty milligrams morphine equivalent dose (MED) (oral). In the event an osteopathic physician prescribes a dosage amount that meets or exceeds the consultation threshold of one hundred twenty milligrams MED (orally) per day, a consultation with a pain management specialist as

described in WAC 246-853-673 is required, unless the consultation is exempted under WAC 246-853-671 or 246-853-672. Great caution should be used when prescribing opioids to children with chronic non-cancer pain, and appropriate referral to a specialist is encouraged.

(a) The mandatory consultation shall consist of at least one of the following:

(i) An office visit with the patient and the pain management specialist;

(ii) A telephone consultation between the pain management specialist and the osteopathic physician;

(iii) An electronic consultation between the pain management specialist and the osteopathic physician; or

(iv) An audio-visual evaluation conducted by the pain management specialist remotely, where the patient is present with either the osteopathic physician or a licensed health care practitioner designated by the osteopathic physician or the pain management specialist.

(b) An osteopathic physician shall document each mandatory consultation with the pain management specialist. Any written record of the consultation by the pain management specialist shall be maintained as a patient record by the specialist. If the specialist provides a written record of the consultation to the osteopathic physician, the osteopathic physician shall maintain it as part of the patient record.

(3) Nothing in this chapter shall limit any person's ability to contractually require a consultation with a pain management specialist at any time. For the purposes of WAC 246-853-660 through 246-853-673, "person" means an individual, a trust or estate, a firm, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

246-853-671

Consultation—Exemptions for exigent and special circumstances.

An osteopathic physician is not required to consult with a pain management specialist as described in WAC 246-853-673 when he or she has documented adherence to all standards of practice as defined in WAC 246-853-660 through 246-854-673 and

when any one or more of the following conditions apply:

(1) The patient is following a tapering schedule; or

(2) The patient requires treatment for acute pain which may or may not include hospitalization, requiring a temporary escalation in opioid dosage, with expected return to or below their baseline dosage level; or

(3) The osteopathic physician documents reasonable attempts to obtain a consultation with a pain management specialist and the circumstances justifying prescribing above one hundred twenty milligrams morphine equivalent dose (MED) per day without first obtaining a consultation; or

(4) The osteopathic physician documents the patient's pain and function is stable and the patient is on a non-escalating dosage of opioids.

246-853-672

Consultation—Exemptions for the osteopathic physician.

The osteopathic physician is exempt from the consultation requirement in WAC 246-853-670 if one or more of the following qualifications are met:

(1) The osteopathic physician is a pain management specialist under WAC 246-853-673; or

(2) The osteopathic physician has successfully completed, within the last two years, a minimum of twelve continuing education hours on chronic pain management approved by the profession's continuing education accrediting organization, with at least two of these hours dedicated to long-acting opioids, to include methadone, or within the last three years a minimum of eighteen continuing education hours on chronic pain management approved by the profession's continuing education accrediting organization, with at least three of these hours dedicated to long-acting opioids, to include methadone; or

(3) The osteopathic physician is a pain management practitioner working in a multidisciplinary chronic pain treatment center, or a multidisciplinary academic research facility; or

(4) The osteopathic physician has a minimum three years of clinical experience in a chronic pain management setting, and at least thirty percent of his or her current practice is the direct provision of pain management care.

246-853-673

Pain management specialist.

A pain management specialist shall meet one or more of the following qualifications:

(1) If a physician or osteopathic physician:

(a) Board certified or board eligible by an American Board of Medical Specialties-approved board (ABMS) or by the American Osteopathic Association (AOA) in physical medicine and rehabilitation, rehabilitation medicine, neurology, rheumatology, or anesthesiology; or

(b) Has a subspecialty certificate in pain medicine by an ABMS-approved board; or

(c) Has a certification of added qualification in pain management by the AOA; or

(d) A minimum of three years of clinical experience in a chronic pain management care setting; and

(i) Credentialed in pain management by an entity approved by the Washington state medical quality assurance commission for physicians or the Washington state board of osteopathic medicine and surgery for osteopathic physicians; and

(ii) Successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years for a physician or three years for an osteopathic physician; and

(iii) At least thirty percent of the physician's or osteopathic physician's current practice is the direct provision of pain management care or in a multidisciplinary pain clinic.

(2) If a dentist: Board certified or board eligible in oral medicine or orofacial pain by the American Board of Oral Medicine or the American Board of Orofacial Pain.

(3) If an advanced registered nurse practitioner (ARNP):

(a) A minimum of three years of clinical experience in a chronic pain management care setting;

(b) Credentialed in pain management by a Washington state nursing care quality assurance commission-approved national professional association, pain association, or other credentialing entity;

(c) Successful completion of a minimum of at least eighteen continuing education hours in pain management during the past two years; and

(d) At least thirty percent of the ARNP's current practice is the direct provision of pain management care or is in a multidisciplinary pain clinic.

(4) If a podiatric physician:

(a) Board certified or board eligible in a specialty that includes a focus on pain management by the American Board of Podiatric Surgery, the American Board of Podiatric Orthopedics and Primary Podiatric Medicine, or other accredited certifying board as approved by the Washington state podiatric medical board; or

(b) A minimum of three years of clinical experience in a chronic pain management care setting; and

(c) Credentialed in pain management by a Washington state podiatric medical board-approved national professional association, pain association, or other credentialing entity; and

(d) Successful completion of a minimum of at least eighteen hours of continuing education in pain management during the past two years, and at least thirty percent of the podiatric physician's current practice is the direct provision of pain management care.

The advertisement features a central graphic with a blue background and a white path leading to a smartphone. The path is divided into three colored segments: purple (1), orange (2), and green (3). The smartphone screen displays the SmartQuit app interface, showing a progress circle at 45% and the text 'I HAVE LET 45 UNDES PAYS'. The text '123 SmartQuit 4 FREE!' is prominently displayed in the center. The top of the ad asks 'Want to quit Tobacco?' in large blue letters. On the left, a small character named 'the Urge Monster' is shown on a tablet. Below the path, a list of instructions is provided: '1. Take the survey www.doh.wa.gov/smartquit', '2. Get the FREE access code.', and '3. Use the code to download the app!'.



For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY 711)

