Buprenorphine Seminar

The treatment of opioid addiction is complex, including addiction to prescription opioid analgesics such as oxycodone, hydrocodone, morphine, and other opioids with abuse potential. While the treatment of opioid dependence with medications has previously been limited to the methadone clinic system, Federal legislation now allows for treatment of this disorder by qualified physicians using buprenorphine in an office-based setting.

WOMA is providing, in cooperation with the American Osteopathic Academy of Addiction Medicine, an eight hour Half and Half course. Four hours will be Category 1-A in a program on Thursday, June 23, 2011, immediately preceding the WOMA Annual Convention in Blaine. Four hours is a DVD home study course to be completed prior to June 23rd. The combined DVD and face-to-face training will provide the required 8 hours needed to obtain the waiver to prescribe Buprenorphine in office-based treatment of opioid dependence. For more program and registration information, go to www.woma.org.

Jurisprudence Exam

The Board of Osteopathic Medicine and Surgery has determined that many of the complaints they receive are a result of the licensee not knowing the law pertaining to the practice of osteopathic medicine. To address the problem, the board is now providing a Jurisprudence exam online. Though not currently required the goal is to make it a part of the relicensure process.

The test is based on general regulatory authority and intended to familiarize candidates for licensure with professional regulations. It is a stand alone, open book, multiple choice exam. It is graded and requires a 100% passing grade with unlimited re-testing. No fee is required to take the test.

The Board would like feedback on the exam. Go to http://www.doh.wa.gov/lhsqa/professions/Osteopath/default.htm and select the exam. Comments are welcome.

Do You Know a Special DO?

Each year WOMA recognizes a member for his/her involvement in the osteopathic community as the WOMA Physician of the Year. The award is made to a DO who demonstrates competency in osteopathic medicine and compassion for humanity.

If you know a DO who is involved in community outreach, medical missions, precepting, who gives time to sports programs or treats all patients regardless of their ability to pay, your nomination is welcome.

Colleagues, staff, patients and family members are encouraged to send nominations, including reasons for which you are making the nomination, to the WOMA office by March 15. Send your letter of recommendation to Kathie Itter, Executive Director, PO Box 16486, Seattle, WA 98116-0486 or email kitter@woma.org.

State Board Applicants Needed

Governor Christine Gregoire is accepting applications for the Board of Osteopathic Medicine and Surgery to replace Tom Shelton, DO, who will complete his second five-year term on July 1, 2011.

There are seven members of the Board, six DOs and one lay person. In addition to Dr. Shelton, current members include John Finch, DO, Peter Kilburn, DO, Cathy Hunter, DO, David Martinez, DO, Sam Coor, DO, and lay member Bill Gant.

To qualify, you must have practiced osteopathic medicine in Washington for at least five years immediately preceding the appointment, be a US citizen and Washington resident.

You can apply online at http://www.governor.wa.gov/boards/application.

If you have any questions, call Erin Obenland, Program Manager at 360-236-4945.

Spring Seminar Addresses Pain Management

In an effort to meet the need for more prescriber education on the treatment of chronic pain, WOMA is presenting an eight-hour course on pain management for the primary care provider on Saturday, April 2nd.

The program begins with a differential diagnosis presentation by Lynda Williamson, DO, a family practitioner well-known for her management of difficult chronic pain patients. David Tauben, MD will follow with a presentation on the physiology of pain. Gary Franklin, MD and Alex Cahana, MD will hear provide a 30 minute talk on the changing policy and regulatory landscape in opioid treatment and the need for the 2010 legislation and measurement based care.

John Patz, DO will provide information on opioid agreements and Bert Toivola, PhD will talk about urine drug testing. Noted researcher, author and leading pain medicine clinician Scott Fishman, MD will offer two hours on effective strategies for reducing risk of addiction, abuse and diversion of opioids.

Dan Wolf, DO will cover how to evaluate a patient for concurrent psychiatric and/or substance use disorders and those at risk for addiction. The program ends with a panel discussion on strategies for working with manipulative and/or drug seeking patients with Scott Fannin, DO, Michael Quirk, DO and Lynda Williamson, DO – all primary care providers with extensive experience managing chronic pain patients.

This seminar will provide 8 Category 1-A AOA-approved credits. This activity, Pain Management Update for the Primary Care Provider, with a beginning date of April 2, 2011, has been reviewed and is acceptable for up to 8.00 Prescribed credits by the American Academy of Family Physicians.

Registration brochures have been mailed and are available at www.woma.org. WOMA members may register online with a Visa or MasterCard.
WOMA Welcomes New Members
The Board of Governors, having met December 4, 2010, approved the following applications for membership:

Active
Patrick Moran, DO NSUVOM’06
Damon Sheneman, DO AZCOM’05
Student
Ryan Christensen ATSU-Mesa’12

Help Determine Future CME Programs
The Washington Osteopathic Medical Association prides itself on the quality of continuing medical education programs it makes available to help osteopathic physicians meet their CME requirements for licensing, certification and AOA membership. At least four are offered every year varying from four to 25 CME credits per program.

There is a lot of work that goes into these programs from needs assessment to evaluations. CME committee members consider needs assessment surveys, program evaluations, outcome surveys, current trends, journal articles, state and federal mandates as well as member and attendee requests when assembling program topics and speakers.

We currently have need of additional CME committee members to help share the workload. The committee meets in person in July to determine the following year’s topics. Those programs are then refined through email and conference calls.

If you are a WOMA member and interested and would like to participate in this most important committee, please send your CV to Kathie Itter, Executive Director at kitter@woma.org.

Getting to Know You
WOMA is pleased to welcome the following new active members:

Patrick Moran, DO is a 2006 graduate of NSU-COM. He completed a residency in family medicine at the University of New Mexico Albuquerque and an obstetrics fellowship at Medicos Pasa La Familia in Memphis, Tennessee. He practices family medicine, obstetrics and OMT in Sunnyside.

Damon Sheneman, DO graduated from AZCOM in 2005. He completed a surgical residency at New Hanover Regional and is in the practice of general surgery in Spokane.

DO Day in Olympia
To have a successful legislative session, candidates friendly to the issues of osteopathic physicians must be supported and we must talk to them. Several years ago the osteopathic profession created the Osteopathic Physicians and Surgeons Political Action Committee, “Osteopac”, to provide the support. Osteopac funds also support DO Day in Olympia, scheduled for March 25, 2011. On this day osteopathic physicians and PNWU medical students will converge upon the stat capitol to talk to legislators about issues vital to the osteopathic profession and medical education. Brief appointments will be made for participants to talk to their legislators on issues presented at a briefing before the meetings begin. Participants will also provide free blood pressure checks and OMT demonstrations to the public and have lunch with legislators.

You can still sign up to participate. Please join your colleagues and PNWU students by going to www.woma.org, and print out the DO Day registration form. Complete the form and mail or fax to the WOMA office.

If you cannot join us that day, please consider contributing to Osteopac, WOMA’s political action committee which funds DO Day. Just go to www.woma.org, select the “Legislation” tab, select Osteopac, print out the form, complete and submit with your personal check. Any amount is welcome. Regional and is in the practice of general surgery in Spokane.

White House Proposes Two-Year Doc Fix
The President’s budget for fiscal year 2012 was released Monday morning, proposing $62 billion in budget cuts to finance a two-year fix for Medicare physician payment rates. The $62 billion is planned to be financed by cuts to Medicare and Medicaid over the next 10 years and to expand the use of generic drugs in federal health programs.

The current fix was enacted in December 2010, preventing a 25% cut for one year. Further details are expected to be revealed later this week.
Williamson Family Honored

In 2007 the Board of Directors of the Northwest Osteopathic Medical Foundation established the Osteopathic Heritage Award to celebrate the legacies of families of two or more generations of osteopathic physicians. It recognizes their professional legacies that shaped the personality and established the values of the Northwest’s osteopathic medical community.

On Saturday March 5th the Northwest Osteopathic Medical Foundation will honor three generations of the Williamson family of osteopathic physicians at their annual Founders Evening celebration in Portland, Oregon.

Dwight Williamson, D.O., was born in Scottsbluff, Nebraska, in 1937. While a young boy, his family moved to Salmon and then Lewiston, Idaho. He was active in Boy Scouts for years. As a teenager, Dwight won first place, two years in a row, in the Teenage Driving Rodeo. In adulthood, he served as Chair of the Yakima County Boy Scout Council.

Dwight was an honors student at the University of Idaho, graduating in three years. He was awarded one of seven national Osteopathic Scholarships and attended the Kansas City College of Osteopathy, graduating in the top of his class. He interned at Eastmoreland Hospital in Portland, Oregon. Dr. Art Borchardt recruited Dr. Williamson to join the staff of Sunnyside General Hospital in Sunnyside, Washington. Dr. Williamson served as head of the Emergency Department for eight years and was an associate professor of emergency medicine for the Yakima Valley Junior College. During this time, he practiced general medicine and obstetrics. Dr. Williamson was the first to teach Emergency Medical Technology in the lower Yakima Valley, training the police, ski patrol, sheriff’s deputies, and local fire department personnel to become EMTs.

Prior to moving his practice to Lakewood, Washington, Dr. Williamson recruited Lloyd Butler, DO, to take over his family medicine practice in Sunnyside. Dr. Williamson then practiced in women’s health care in Lakewood for the last 20 of his 40 years in medical practice. He was certified in Family Practice and a member of the national Emergency Physicians Association.

In the year 2000, he received the Special Resident’s Award “In appreciation for his teaching and contributions to the Tacoma Family Medicine Residents.”

Dr. Williamson helped draft pioneering legislation to assure patient safety in medical procedures. He served on the Licensing Board of Osteopathic Medicine and Surgery for 10 years and represented Washington State’s Board of Osteopathic Medicine and Surgery at national licensing board meetings. He received the Governor’s Distinguished Service Award for the years he served on the State Board.

His father, Lynda’s grandfather – William Thomas Williamson, D.O., — grew up in Coal City, Illinois, the son of a coal miner and one of 13 children. As a child, Bill helped provide food for his family by hunting. He was determined to never become a miner and was the first in his family to receive a college education, going on to become a doctor. He graduated from Kirkville in 1921.

Dr. Bill Williamson practiced in Nebraska until 1941 and then moved his family to Salmon, Idaho. There he had a very busy family practice, delivering babies and making house calls in the countryside. He had to carry a cross-cut timber saw and axe so he could clear the road of fallen trees – a barrier he encountered regularly in this rugged region. Prior to osteopaths being allowed hospital privileges in Idaho, Dr. Williamson performed minor surgeries in his office.

In 1948, he moved his family to Lewiston, Idaho. There Dr. Williamson served on the city council. He led a statewide campaign to outlaw gambling and served on the board of the Community Concert Association, bringing some of the nation’s finest musicians, not only to perform in Lewiston, but to be dinner guests in the Williamson home. In 1959, he joined the faculty of the Kansas City College of Osteopathy where he served for eight years. He then returned to Lewiston, Idaho, where he continued his practice right up until his death at the age of 73.

Lynda Williamson, DO, a third generation osteopathic physician, has a Family Practice in Spokane where she has developed a remarkable reputation for alleviating chronic pain in many of her patients. She serves on the Washington Osteopathic Medical Association Board as a regional trustee.

Lynda became an Emergency Medical Technician in her dad’s first EMT class and volunteered on the fire department ambulance service for 10 years in Sitka, Alaska. She contributed to a textbook for Emergency Trauma Technicians in Alaska and taught first aid in remote villages, logging camps and schools. She directed an adolescent mental health program, was a reporter for a National Public Radio affiliate station and developed a women’s health clinic in rural Alaska before being accepted to Osteopathic Medical School at the University of New England College of Osteopathic Medicine.

Lynda was an American Field Service exchange student to Uruguay, South America, during her last year of high school. She became fluent in Spanish while there, a skill she has drawn upon regularly since.

As an undergraduate at the University of Puget Sound, she majored in Foreign Languages with an emphasis in International Studies. A year-long study-abroad tour through nine Asian countries made a profound impact on Lynda’s life thereafter. Her studies included a month in China at the beginning of the one-child-per-family policy. She witnessed the hardships this policy had on families. This was later to be the inspiration that led Dr. Williamson, her husband, John Hindman, and their son Caleb to travel to China to adopt a daughter, Nicole LiMing, in 2004.

Dr. Williamson graduated from the continued on page 4
University of New England College of Osteopathic Medicine in 1995 and then completed her residency in Family Medicine at the University of Massachusetts Medical Center. This residency program was one of seven dual-accredited family medicine residencies in the country at the time. She became board-certified in Family Medicine and returned with her family to the Pacific Northwest to practice with her father, Dwight. She went on to serve in family medicine and obstetrics at the Coeur d’Alene Indian Tribe’s Health Center and area community health centers.

Dr. Williamson served the Spokane Veterans Administration Medical Center in the emergency and primary care departments. There she assumed responsibility for the G.I. service during a six-month-interim and was a consultant in chronic pain management. She has been in private practice at A Center for Health & Wellness for the past six years where she has welcomed students and family medicine residents to train with her.

Dr. Lynda Williamson, like her father and grandfather is a “10-fingered D.O.” She has lectured regularly at regional CME programs, helping to promote excellence in the art and science of chronic pain management.

If you would like more information about attending the Founder’s Evening, go to www.nwosteo.org or call 503-222-7161.

Pain Management Rules Update

The Board of Osteopathic Medicine and Surgery has scheduled a hearing for the new pain management rules at their meeting on March 18 at St. Francis Hospital in Federal Way.

The new rules will require non-pain specialists to consult pain specialists if exceeding the 120 morphine equivalent dosage cap. Specialist are defined as board certified or board eligible by AOA or ABMS approved certification in physical medicine and rehabilitation, neurology, rheumatology or anesthesiology; or if the osteopathic physician has a subspecialty certificate in pain medicine by an AOA or ABMS approved board.

An osteopathic physician is not required to consult a pain specialist when providing documentation of adherence to all standards of practice defined in the rule and one of more of the following conditions apply: 1) the patient is following a tapering schedule; 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; 3) the osteopathic physician documents reasonable attempts to obtain a consultation with a pain management specialist and the circumstances justifying prescribing above 120 MED per day without first obtaining a consultation; and 4) the osteopathic physician documents the patient’s pain and function is stable and the patient is on a non-escalating dosage of opioids.

The rules provide exemptions from the required consultation if: 1) an osteopathic physician is a pain specialist as defined in the rules; 2) an osteopathic physician has successfully completed, within the last two years, a minimum of 12 CME hours on chronic pain management approved by the profession’s continuing education accreditation organization, with at least two hours dedicated to long-acting opioids, including methadone; 2) the osteopathic physician is a pain management practitioner working in a multidisciplinary chronic pain treatment center, or a multidisciplinary academic research facility; 3) the osteopathic physician has a minimum three years of clinical experience in a chronic pain management setting and at least 30% of current practice is the direct provision of pain management.

Due to the shortage of pain consultants, more primary care physicians are expected to seek exemption by meeting the CME requirements. WOMA is providing an 8-hour pain management CME program on April 2, 2011 for its Spring Seminar. There will also be 4 hours of pain management at the WOMA convention in June. For registration and information, go to www.woma.org.

License Fees Under Review

In an email letter received on February 18 by WOMA Executive Director Kathie Itter, Steven Saxe, Director of Health Professions and Facilities for the Department of Health wrote:

Dear Ms. Itter:

Thank you for your e-mail to Department of Health (DOH) Secretary Mary Selecky regarding fees and funds for osteopathic physicians. She has asked me to respond. Your e-mail references the large positive fund balance for the osteopathic physicians program. The secretary sets fees in rules in order to cover the costs of running health professions programs as required by RCW 43.70.250.

Sometimes excess reserves can build up beyond what is needed to sustain the program. When this occurs, programs may be eligible for a fee reduction, based on a review of projected costs and revenues for six years into the future. In the case of the osteopathic physician profession, we have decided to start fee rulemaking. July 1 is our target for completing the review and implementing any potential changes to the fee rules.

You also asked about the process to access unappropriated funds to cover unanticipated expenses. The Osteopathic Board has asked to access some of their unappropriated funds. My staff is working with DOH and OFM fiscal staff to pilot a process that could accomplish the intent of the new law. As we have attempted to implement the law, important legal questions have arisen. We are currently working on options to allow boards eligible under this provision to access their funds in accordance with state law.

Thank you again for your letter. If you have further questions or would like more information, please contact Blake Maresh, Executive Director for the Osteopathic Board, at 360/236-4760 or blake.maresh@doh.wa.gov.

(Note: after several requests at meetings of the Board of Osteopathic Medicine and Surgery, Mrs. Itter had the opportunity to discuss fee and access concerns with DOH Secretary Mary Selecky. It was after that meeting that DOH responded. We are appreciative to Secretary Selecky for hearing our concerns and initiating action.)
Osteopathic Medical Education Growth

Each fall the American Association of Colleges of Osteopathic Medicine surveys its member colleges on planned growth over the coming six years. The third version of the survey was delivered to the deans of the 26 colleges and the three branch campuses holding full or provisional accreditation status in October 2009. As of December 14, 2009, responses had been received from all 29 colleges and branch campuses. The survey asks about plans for entering class size over the next six years. Other questions explore various factors relating to class size growth. This preliminary report reviews only the numbers to report on anticipated growth of the entering osteopathic medical school classes through fall 2015.

Based on current projections, 6,297 new students are expected to matriculate into the 26 osteopathic colleges and three branch campuses in fall 2015. This is an increase of 1,193 first-time, first-year medical students over the class that entered in fall 2009 (a 23.4 percent Increase). The six public osteopathic colleges project an increase of 177 students (or 17 percent); the 23 private colleges and branch campuses project an increase of 1,016 students (or 25 percent). The projection includes one college that will enroll its first class in fall 2010, and three branch campuses or additional teaching sites that are scheduled to open over the next five years. Several other colleges are in various stages of development; their classes are not included in these projections.

PNWU-COM Update from the Dean

By Robyn Phillips-Madson, DO, MPH

- PNWU closed on the 42 acre parcel of land and Butler-Haney Hall the end of December on very favorable terms. This ensures the longevity of the university as it now owns rather than rents the property.
- Interviews for the fourth PNWU-COM class (the Class of 2015) are underway, and the class is nearly full. Numbers and quality of applicants continue at the same level as last year, which makes the process difficult! If you know premed students interested in applying to PNWU-COM, please let them know to apply early in the application cycle.
- The new 10,000 square foot Cadwell Student Center which houses additional study, large classroom, and student activities space, was opened with the first PNWU Follies, a show highlighting the many talents of PNWU-COM students.
- The annual Commission on Osteopathic College Accreditation (COCA) site visit was held February 16-18. PNWU-COM is poised to receive full-accreditation upon graduation of the first class, May 12, 2012. Save the date and bring Kleenex!
- Students organized the inaugural Ethics and Humanities in Medicine Evening, funded by a grant from the Arnold P. Gold Foundation, the foundation which started the White Coat Ceremonies. Faculty led students in round-table discussions on difficult ethical issues in medicine.
- Regional campus development is continuing. Dr. Julie Merriam is the new Portland Regional Dean and Judy Hargis is the new Portland Regional Coordinator.
- The search continues for an Assistant Dean of Clinical Sciences. Please contact Stefanie Durand, Director of HR, for more information if you know someone with an interest in this position.
- PNWU thanks the Waldo Foundation board for its gift of support to the school. For those who trained at Waldo Hospital, this is a tribute to the osteopathic heritage of the Seattle area.
- Anytime you get this many people working hard together under such stressful conditions, there are always crises which arise unexpectedly. I am amazed and encouraged by the acts of caring and compassion our students, faculty and staff show one another in times of personal tragedy and loss. The culture found here is rare in academia, and it is humbling to be part of such an organization.

WOF Contributions Appreciated

A message from David Lukens, DO, President

We are most appreciative of those who continue to support the programs of the Washington Osteopathic Foundation. I would like to acknowledge the generosity of the following for their generosity at the end of 2010:

- Michele Coleman, DO in honor of John Allen, DO and Lloyd Butler, DO
- Carol Meldman, DO
- Raymond Kania, DO to the Warren Lawless Scholarship Fund
- Loren H Rex, DO
- Lisa Galbraith, DO
- Robert Suchert, DO in memory of Robert Phillip Suchert
- Charles Schuetz, DO
- Lawrence Larson, DO

Over the last forty years the program has been able to sustain itself with the repayment of loans. With the increase in the number of osteopathic medical students from the State of Washington, we continue to see an increase in loan and scholarship requests.

Please consider a tax-deductible contribution to the WOF to help continue its programs. If you can do this, please print, complete and submit with your check, MasterCard or Visa information, a contribution form downloaded from the WOMA website at www.woma.org, select the Foundation tab, then WOF contributions. All contributions will be acknowledged in a future edition of the Washington DO newsletter and on WOMA’s website.

This is a simple way to support future osteopathic physicians who commit to practice right here in Washington. Your consideration is greatly appreciated.
Convention Program Confirmed; Exhibitors Sought

The 98th Annual Northwest Osteopathic Convention will take place at the Semiahmoo Hotel and Conference Center in Blaine June 23-26, 2011. The program will provide 25 Category 1-A O&A-approved credits. AAFP credits have been applied for and the decision is pending.

This year’s topics include obesity, diabetes, gastric bypass complications, osteoporosis, nutritional and complementary treatment of mental health disorders, pain management, OMM, adult immunizations, infectious disease case studies, community acquired pneumonia TB and mycobacterial infections, dementia, MS, degenerative movement disorders and office practice breakout sessions.

Registration information has been mailed and emailed and is available at www.woma.org. WOMA members may register online using a Visa or MasterCard.

WOMA welcomes a diverse group of vendors with products and services of use to our attendees. If you know any firms offering products or services of interest, please have them contact Beth Morris at the WOMA office 206-937-5358 or email bmorris@woma.org. Or give us the contact information and we will follow up.

WOMA Membership Continues to Pay

Developers are in the final stages of creating a Find a DO directory on the WOMA website at www.woma.org. The public will be able to find a DO by searching last name, city, zip code or practice focus. Search results will include all Active, Semi-Retired, Life and Distinguished Life members in active practice.

WOMA has also contracted with Affiniscape to add a Career Center to the website. The Career Center is a comprehensive online recruiting and job posting system that allows members and industry professionals to post and peruse career opportunities through the WOMA website.

Physician Fingerprinting

If you are a physician who plans to enroll in Medicare as a DME supplier, you will be required to provide fingerprints under the final rule for Medicare, Medicaid, and CHIP’s additional screening requirements.

Overall, the rule will apply to newly enrolling providers and suppliers beginning March 25 as well as for providers and suppliers who are revalidating their enrollment as of March 25. In addition, these new procedures will be applicable to currently enrolled Medicare, Medicaid, and CHIP providers and suppliers beginning March 23, 2012. As a result, some providers and suppliers may be required to revalidate their enrollment outside their regular revalidation cycle.

So whether you are enrolling or revalidating your enrollment as a supplier, you will have to provide fingerprints. DME suppliers are considered high risk for fraud and abuse, and therefore must go through greater scrutiny during the enrollment process. Fingerprinting also is required under Medicaid and CHIP. The fingerprint-based criminal history record check does not go into effect right away. It will be required 60 days following the publication of sub-regulatory guidance.

In the meantime, the Centers for Medicare and Medicaid Services (CMS) is accepting comments on its implementation of the fingerprinting requirements with regards to privacy and confidentiality; how to measure the effectiveness of criminal background checks; and whether CMS should adopt additional technology to identify providers and suppliers.

Help Fight Pertussis

A letter from State Health Officer Maxine Hayes, MD, MPH is asking for your help in stopping the spread of pertussis, a highly contagious disease spread by coughing and sneezing. Two infants in our state died from pertussis this year.

Dr. Hayes acknowledged the important role played by health care providers in advising parents on vaccinations. She asked for help in surrounding infants with a protective cocoon of immunity by checking pertussis immunization records of all your patients; vaccinating all women of childbearing age and postpartum patients against pertussis and offer or make referral for a pertussis vaccination for all household contacts and caregivers at least two weeks before the baby is due.

The letter advised to take action against pertussis by testing if you suspect pertussis as delays in recognizing it can lead to worse clinical outcomes and increased disease spread; treat for pertussis as delays in treatment before and after hospitalization may increase the risk of fatal illness; and report suspected and confirmed cases promptly to your local public health department.

Health care providers are also advised to track patients’ vaccination status by using the CHILD Profile Immunization registry. It is a secure, web-based system for tracking immunizations of persons in all age groups. It is free to registered users and can save your practice time and money. For more information or to register, call 1-800-325-5599 or 206-205-4141 or visit the website www.childprofile.org.

For more information on pertussis, visit the Department of Health webpage at www.doh.wa.gov/eh/Immunize/diseases/pertussis/default.htm.

Employers pay to post job listings and search resumes, while candidates can post resumes and receive Job Alerts for opportunities that match their search criteria.

There is no cost to potential employees. Employers who are members of WOMA will receive a 20% discount on listing fees. Look for this feature on the WOMA website, www.woma.org in the coming weeks.

Make your reservations now to attend the 98th Annual NW Osteopathic Convention June 23-26, 2011 Semiahmoo Blaine, WA
Bear Droppings . . . . . . . . .

by Loren H. Rex, D.O.

The other day I was sitting around with a group of friends solving the problems of the world through the therapeutic application of Pizza when one of them turned to me and asked “Don’t you wish you could be at your own funeral to see what everyone says about you”? Of all the stuff I don’t wish for, that would be close to the top of the list. I know what people have said about me when I was living, who knows what they will say when I’m dead.

A few years ago I was traveling in the Outback of Australia and stayed at a motel where the desk clerk loved Yanks and insisted that we talk for an afternoon. I would guess you would get pretty starved for human company living in the Outback and taking to Kangaroos. Since I talk all the time now, I can’t imagine how much I would talk if I was stuck in the outback for very long. Anyway, the talk got around to, as much conservation does, the meaning of life. During the course of our talk, she said something that I have thought about for years. Seems they used to have an ancient Aboriginal fellow who was their handy man and a bit of a philosopher to boot. He once told her that the way he saw it, “When you die, if no one notices, you have had a pretty good life”. I have thought about that a lot over the last 20 or so years and I believe he may be on to something. So, I have come to a conclusion: I am going to pull off my “Best Date” so I have devised a plan.

I am going to compose a letter to send to all those groups that ask me to feel guilty in my life and send them money. What are they going to do, get mad and take me off their mailing list? Here is a modest example:

Dear group hoping I will feel guilty when I read your letter and give you some of the money you apparently think I have.

While it is true that Dr. Rex, otherwise known as “Bear” was a pretty soft mark for a good plea; he has, alas, gone to that big Bulk Mailing facility in the sky. It has now been pieced together how Bear checked out of his trip through our galaxy. He was apparently walking on the Pacific Coast Trail and was dressed in many of the items he had received over the years from groups not unlike your own. We obtained a picture of him from some other hikers he met on the trail and so we have concluded the following. He was dressed in a wind breaker with a genuine USA Olympic Committee Logo on the front. This was over his World Wildlife Fund Jacket which covered his Ocean Conversancy Tee Shirt. His Audubon Field Glass hung around his neck and his head was covered with his, Tilley knock off, hat emblazoned with the Rails to Trails seal. Around his waist he had the latest Aluminum water bottle from the National Wildlife Federation which was certified to be free from any traces of BPA that would pollute what was left of his inner ecology. On his hands he wore both pair of warm gloves sent to him by two Early Wave American tribes who explained in a letter that children on reservations were losing fingers to the cold. Bear told me he was always confused as to why the gloves weren’t sent to the children instead of him but he felt there must be a reason, so he sent the money anyway. Of course, no one would go hiking around here without their Mountains to Sound Greenway Trust umbrella in their belt loop. Finally, he carried his personal insulated picnic hamper from the Cascade Land Conservancy. Bear was a walking billboard for the Ecology Movement with the exception of the Sierra Club who he felt too radical for him to support.

Which brings us to the point of all this. Since Bear is no longer with us it will be necessary for you, as a cost saving measure, to remove his name from your mailing list of potential marks. It might also be wise to notify whoever you bought his name from, in case you still have that information. Taking this action should save a little money for the Green Tree Hugger movement. You will also, no doubt, be sorry to learn that he failed to include your organization in his estate planning.

We have now pieced together how the end must have come. Dr. Rex always wore his personalized “Bear Bells” on his right ankle when ever he went hiking and carried Pepper Spray to ward off any attacks by Black Bears indigenous to this area. However, we would never have been able to put the end together without the photo taken by the other hikers showing how he was dressed since only a few tattered remnants of clothing were ever found. Fortunately, a few days later, some hikers turned in some Bear Scat that smelled of Pepper Spray and contained the Bear Bells with his name on them. Apparently there are a few Grizzlies moving back into the area. I guess it was a fitting end to “Bear”. Please consider this letter as notification that your organization has received its last donation from Doctor Rex. Good luck with your future Bulk Mailers.

Oh by the way, the letter from the mortuary did, in fact, arrive at an inopportune time for the Rex household, but I’m sure Dr. Rex would not have held it against you, or for that matter, signed up for a cremation.

Sincerely,

The Estate of the late Doctor Bear
It’s Law-Making Time, Again

**House Bill 1076/Senate Bill 5018** (companion bills) Authorizes an occupational therapist to provide wound care management subject to certain conditions. Requires the board of occupational therapy practice to develop an affidavit form to be used by occupational therapists attesting to their education and training. (WOMA supports the intent but has requested the bill to define which types of wounds occupational therapists can manage. In its present form, the bill allows OT’s to do deep tissue debridement with a scalpel which constitutes surgery. (WOMA is the only organization who is actively opposing the bill in its current form)

**House Bill 1183/Senate Bill 5548** (companion bills) Prohibits an institution of higher education from prohibiting a hospital or physician from entering into an agreement to provide student clinical rotations or residencies to qualified osteopathic or allopathic medical students. This bill was requested by WOMA and PNWU in response to reports from preceptors that said they would like to precept osteopathic students but their exclusive agreements with another school prohibits them from precepting students from other schools.

**House Bill 1311** Requires the state health care authority to convene a collaborative, to be known as the Robert Bree collaborative, to identify health care services (including treatment of low back pain) for which there are substantial variations in practice patterns or high utilization trends in the state that are indicators of poor quality and potential waste in the health care system. Requires all state-purchased health care programs to implement certain evidence-based practice guidelines or protocols and strategies. (WOMA has requested that language be amended to include nominees for the Collaborative from WOMA.)

**House Bill 1396/Senate Bill 5229** (companion bills) Exempts prescriptions for atypical antipsychotic drugs from preferred drug substitution. Senate and House health care committee chairs have so far refused to give the bills a hearing. (WOMA has requested Senator Karen Keiser, Chair of the Senate Health and Long Term Care Committee, to give this bill a hearing.)

**House Bill 1561** Originally banned balance billing by out-of-network providers in emergency room settings. WOMA and WSMA lobbied against the bill and we understand that the problematic reimbursement formula and the prohibition on balance billing will be removed and transparency requirements for providers, hospitals and carriers for when balance billing occurs will be added.

For more information on health care legislation go to www.woma.org and select the Legislation tab or go to the Legislative website at www.leg.wa.gov.

There are two ways that you can ensure that the osteopathic profession is represented in the legislative process: 1) join or renew your membership in WOMA and 2) support Osteopac - The Washington Osteopathic Physicians and Surgeons Political Action Committee. For more information go to the WOMA website www.woma.org of call the office at 206-937-5358.