WASHINGTON ASSOCIATION OSTEOPATHIC MEDICAL WOMA

Washington D.O.

Winter 2013

4700 42nd SW, Suite 530 / P.O. Box 16486 Seattle, WA 98116-0486
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New CME Cycle – New Requirements

At its Category 1 CME Sponsors Conference held January 4-6, 2013, the AOA announced some changes in their CME requirements.

The Basics - For the 2013-2015 CME cycle AOA members still need a total of 120 credits. Of those, 30 must be Category1-A and the other 90 credits may be earned in other categories, with some limitations.

AOA Certified - AOA boarded members are required to earn 50 credits (any Category 1 or 2 – see specialty board for clarification) in their primary specialty. Those with Certificates of Added Qualification must earn a minimum of 25% (13 credits) at the level of the CAQ. At least 30% (15 credits) must be earned in the primary specialty. Specialty credits sponsored by other than the physician's declared specialty affiliate are limited to 25 per 3-year cycle. (Up to 25 of your specialty credits may be earned from WOMA programs

ABMS Certified - Physicians who are both AOA and ABMS certified are required to earn the same specialty CME credits as DOs who are AOA board certified only. Physicians who are only ABMS certified are required to obtain a minimum of ten Category 1-A credits in AOA sponsored CME programs during each three year cycle in order to meet AOA specialty requirements. They must also meet the 120 hour AOA membership requirement.

Small Sub-Specialties

AOA members in a specialty or sub-specialty of less than 300 certificate holders are eligible to submit ACCME Category 1 credits, up to 15 per 3 year cycle to partially fill their 1-A requirement. The member must be AOA or ABMS certified in a specialty currently on the eligible list available at www.osteopathic.org.

CME Categories - Category 1-A are Formal educational programs designed to enhance clinical competence and improve patient care. They must be sponsored by an AOA-accredited Category 1 CME sponsor and limited to programs consisting of formal face-to-face programs that meet Category 1 quality guidelines and faculty requirements. Topics may be related to any of the seven Core Competencies recognized throughout the continuum of osteopathic education as essential and crucial to the development and maintenance of osteopathic physicians overall education. The core competencies are: OPP/OMM, Medical Knowledge, Patient Care, Interpersonal and Communications skills, Professionalism, Practice Based Learning and Improvements and Systems Based Practice. This provides a broad based range of topics that were not previously eligible for CME.

Up to 30% of 1-A credits may be earned from interactive internet CME which is real-time interactive conferencing of an event that meets all of the AOA quality guidelines: 1-A faculty/hours requirement, sponsorship by an AOA accredited sponsor, inclusion of an online pre and post test and allowsance for participants to ask questions of the presenter in real time or immediately after the program. You must complete a CME quiz with a passing grade of 70% and the sponsor must report this to the AOA. Hours exceeding the 30% will be reported in another category.

Category 1-B includes audio and video programs on the Internet sponsored by an AOA-accredited Category 1 CME sponsor and are typically programs that are on demand schedule and not a real-time, interactive simultaneous conference. You must complete a quiz with a passing grade of 70% and the sponsor must report the credits. DOs serving as preceptors in an AOA approved osteopathic medical education program may be granted Category 1-B credit with a maximum of sixty applied to the 120 credit requirement.

Category 2-A credit is awarded for programs produced by CME providers accredited by the AMA or AAFP and must be real-time, interactive simultaneous conferencing.

Category 2-B is awarded to journal-type CME on the Internet that is produced by an AOA-accredited sponsor, AMA sponsor or approved by the AAFP.

For information on other CME credits, go to www.osteopathic.org, select continuing medical education, and then select CME guide.

WOMA Spring Seminar

On Saturday, March 23, 2013, WOMA's CME Committee will present a one-day seminar, The Osteopathic Approach to Family Medicine. Program Co-chairs Michael Quirk, DO and Lynda Williamson, DO will host an interesting array of talks and presenters for a high quality, informative program. Eight AOA Category 1-A credits are anticipated. Application for CME credit has been filed with the AAFP and determination is pending.

Program objectives include increased knowledge base, refined clinical skills and deepened understanding of the Fundamentals of Osteopathic Family Medicine. Specific topics for improved patient care include: Osteopathic Practice and Principles, Environmental Psychiatry, Sleep Disorders, Cardiovascular Disease, Children's Behavioral Disorders, Pediatric Obesity, Neurodegenerative Disorders, and Recognizing Human Trafficking.

Registration is now open. Go to www.woma.org and print out the form or select Event Registration under the Education and Events tab and register with your Visa or MasterCard.

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

Notice of Meetings

Washington Osteopathic Foundation (WOF) Board
March 23, 2013
5:45 p.m.

WOMA Board of Governors Dinner
March 23, 2013 immediately following WOF Board meeting

Doubletree Guest Suites/Southcenter
16500 Soputhcenter Parkway
Seattle, WA 98188

WOMA Welcomes New Members

The following applications for membership were approved by the Board of Governors at their meeting on December 1, 2012:

Active
W. Allen Fink, DO PCOM'91
Amy Picco, DO TU-CA'04

Associate
Christopher Littell, DO KCOM'96

Post Graduate
Fatima Ahmed, DO TU-CA'12
Heather Bergstrom, DO AZCOM'12
Charles Bullfinch, DO PNWU'12
Corinne Glassgow, DO PNWU'12
Samuel Hirtle, DO PNWU'12

Student
Vanessa Calabria TU-NY'14
Brad Geyer COMP-NW'15
Lauren Geyer COMP-NW'15
Joe Sanders PNWU'16

Getting to Know You

WOMA is pleased to welcome the following new Active members:

W**. Allen Fink, DO** graduated from PCOM in 1991. He completed a transitional internship at Brooke AMC in 1996 and an Emergency Medicine residency at Madigan Army Medical Center from 1998 to 2001 where he served as Chief Resident in 2000-2001. He currently practices at Multicare Good Samaritan in Tacoma and serves as Regional Dean for the Pacific NW University of Health Sciences College of Osteopathic Medicine. He serves as Director of Osteopathic Medical Education, supervising the clinical experience of twenty third and fourth year medical students.

Amy Picco, DO is a 2004 graduate of Touro University COM. She completed her family practice residency at Genesys Regional Medical Center. She is in family practice in Freeland, on Whidbey Island.

Rulemaking Initiated

At its meeting on January 18, 2013, the Board of Osteopathic Medicine and Surgery initiated rule-making on the following: Creation of a Retired-Active status, providing a reduced license fee for retired osteopathic physicians who wish to maintain their license; providing for the supervision by osteopathic physicians of aestheticians using laser, light, radiofrequency and plasma devices on the skin; rules for re-entry into practice and revision of the state Osteopathic Principles and Practice exam.

The Department of Health has also initiated the process of reducing the license fees for osteopathic physicians. Based on the abundant surplus in the reserves and anticipated increase in the number of licensed osteopathic physicians, and contionuous prodding from WOMA, it appears we will see a decrease before the end of 2013.

Nominations Sought

The WOMA Board of Governors is accepting nominations for WOMA Physician of the Year. The award is made to a DO who demonstrates competency in osteopathic medicine and compassion for humanity. It may be someone involved in training osteopathic medical students and/or residents. It could be someone involved in community outreach, medical missions or youth sports programs.

Nominations may be made by colleagues, students, residents, staff, patients or family members and are due February 28th. Send a letter of recommendation to Kathie Itter, Executive Director, PO Box 16486, Seattle, WA 98116-0486 or email kitter@woma.org. The recipient will be announced at the 100th Annual NW Osteopathic Convention on June 29, 2013 at Suncadia Lodge in Cle Elum.

PNWU Class Size Increase Approved

The Commission on Osteopathic College Accreditation (COCA) has granted PNWU-COM the requested class size increase to 135 students, beginning with the incoming class of 2013. The number of applications to the medical school has increased steadily from 1,976 for the inaugural class to 2,536 for the class of 2016. This year applications are up 20% from last year.

The 22,000 square foot addition to the main academic center will be completed in May, adding two 150 seat lecture halls, restrooms, catering area and office space.

New Dates and Venue for WOMA Convention

Due to the closure of Semiahmoo on December 1st, the 100th Annual Northwest Osteopathic Convention has been rescheduled for June 27-30, 2013 at Suncadia Lodge in Cle Elum. Registration flyers will be ready to mail in about a month. In the meantime, you are welcome to make reservations at Suncadia any time. Please request the special room rates for the **osteopathic association.** There is actually another organization with the WOMA acronym that is meeting there the previous week, so you need to be specific and mention "osteopathic".

Preferred Accommodations:
Lodge Deluxe Guestroom King $179 per night (You may register for this option online at www.suncadia.com using the corporate/promotion code WAOST2013) or call 866-904-6300. All reservations require a deposit equal to the room rate and tax for the first night. A deposit is refundable if Suncadia receives notice at least seven days prior to the scheduled arrival.

The following are available in limited quantities. Check website (www.suncadia.com) for amenities and call 1-866-904-6300 to make your reservation. These rooms' reduced rates are not available on the Suncadia website. You must call to make reservations for rooms other than the Lodge Deluxe King Guest Room.

Lodge Deluxe Guestroom Double Queen $179 per night
Lodge One Bedroom Suite $229 per night (king bedroom, queen sofa sleeper in living area, 1 bath, full kitchen)
Lodge Two Bedroom Suite $408 per night (Master king, double queen, queen sofa sleeper, 2 baths, full kitchen)

In addition to the rates set forth above, there will be a daily resort fee of $20 per room, per night, which includes: in room wireless internet, in-room coffee, self-parking and access to the swim and fitness center. Any requests for special room arrangements must be made when you call for your reservation. Upon check-in each guest will be required to present a valid credit-card on which an amount of sufficient pre-authorization can be obtained to cover the room and tax charges and resort fees for the length of the stay plus anticipated use of the resort's ancillary services and the guest's home/business address and email address.

WOMA's room block will be released for general sale on **May 20, 2013**. Reservations requested after that date will be accepted on a space available basis, at the higher of the contract rate or rate available at that time.

Pet rooms are available with advance reservations only. Please note that there is a non-refundable $75 per stay charge for each pet. There is a maximum of two (2) pets per unit. Be aware that pets are not allowed in public areas, which include the Lodge Great Room and Den. Please call **866-904-6301** to check availability and rates for pet friendly accommodations.

We were sad to lose our convention "home" for so many years. Suncadia will cost more than Semiahmoo, which gave us several concessions as a returning client. Suncadia is centrally located which is a benefit if you are in Central or Eastern Washington, and is actually closer to Seattle than Semiahmoo.

For planning purposes, the seminar starts on Thursday, June 27th at 1:00 p.m. and ends on Sunday, June 30th with a brunch and presentation from 9:30 to 10:30 a.m. (An earlier check-out time (11:00 a.m.) and late check-out charges warranted an earlier completion of the program.)
We are working on the program and will make it available as soon as it is confirmed.

Death Rate Drops 23 % for Prescription Pain Med Overdoses

Several key initiatives begin to make a difference

According to a January 23, 2013 Department of Health press release, fewer people in Washington died from prescription pain medication overdoses from 2008 to 2011, after an eightfold increase in deaths in the decade before. The overdose death rate dropped 23 percent, and the number of deaths dropped from 512 in 2008 to 407 in 2011.

Prescriptions for opiates have increased dramatically since the late 1990s —misuse and abuse has also increased dramatically. Some credit goes to new prevention tools to help health care providers and consumers: pain management rules for health care providers and the Prescription Monitoring Program.

"We're not out of the woods yet," said State Health Officer Dr. Maxine Hayes. "While it's encouraging that deaths have dropped, the death rate in 2011 was six times higher than in 1998. Health care providers play a critical role in prescribing medications and helping patients manage pain safely. Prescription pain medications are powerful drugs and must be handled carefully."

The new Prescription Monitoring Program is a secure online database that allows prescribers to see all of the prescriptions for controlled substances that their patients are receiving. Health care providers were offered access to the system in January 2012. The prescriber can look for duplicate prescriptions, misuse, drug interactions, and other concerns.

In less than a year, 22 percent of eligible prescribers had registered to use the system. Providers can register at http://www.wapmp.org/practitioner/pharmacist/.

100th Annual Northwest Osteopathic Convention
June 27-30, 2013
Suncadia Lodge, Cle Elum, WA

Unauthorized Release of Dangerous Patient Records Clarified

On January 15, 2013 Leon Rodriguez, Director of the Office of Civil Rights for the Department of Health and Human Services issued the following message to Health Care Providers:

In light of recent tragic and horrific events in our nation, including the mass shootings in Newtown, CT, and Aurora, CO, I wanted to take this opportunity to ensure that you are aware that the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule does not prevent your ability to disclose necessary information about a patient to law enforcement, family members of the patient, or other persons, when you believe the patient presents a serious danger to himself or other people.

The HIPAA Privacy Rule protects the privacy of patients' health information but is balanced to ensure that appropriate uses and disclosures of the information still may be made when necessary to treat a patient, to protect the nation's public health, and for other critical purposes, such as when a provider seeks to warn or report that persons may be at risk of harm because of a patient. When a health care provider believes in good faith that such a warning is necessary to prevent or lessen a serious and imminent threat to the health or safety of the patient or others, the Privacy Rule allows the provider, consistent with applicable law and standards of ethical conduct, to alert those persons whom the provider believes are reasonably able to prevent or lessen the threat. Further, the provider is presumed to have had a good faith belief when his or her belief is based upon the provider's actual knowledge (i.e., based on the provider's own interaction with the patient) or in reliance on a credible representation by a person with apparent knowledge or authority (i.e., based on a credible report from a family member of the patient or other person). These provisions may be found in the Privacy Rule at 45 CFR § 164.512(j).

Under these provisions, a health care provider may disclose patient information, including information from mental health records, if necessary, to law enforcement, family members of the patient, or any other persons who may reasonably be able to prevent or lessen the risk of harm. For example, if a mental health professional has a patient who has made a credible threat to inflict serious and imminent bodily harm on one or more persons, HIPAA permits the mental health professional to alert the police, a parent or other family member, school administrators or campus police, and others who may be able to intervene to avert harm from the threat.

In addition to professional ethical standards, most states have laws and/or court decisions which address, and in many instances require, disclosure of patient information to prevent or lessen the risk of harm. Providers should consult the laws applicable to their profession in the states where they practice, as well as 42 CFR Part 2 under federal law (governing the disclosure of substance abuse treatment records) to understand their duties and authority in situations where they have information indicating a threat to public safety. We at the Office for Civil Rights understand that health care providers may at times have information about a patient that indicates a serious and imminent threat to health or safety. At those times, providers play an important role in protecting the safety of their patients and the broader community. I hope this letter is helpful in making clear that the HIPAA Privacy Rule does not prevent providers from sharing this information to fulfill their legal and ethical duties to warn or as otherwise necessary to prevent or lessen the risk of harm, consistent with applicable law and ethical standards.

Avoid Being Audited *New* Modifier -25 Guide

From the AOA website www.osteopathic.org

Billing for Modifier -25 is increasing and payers are watching…and auditing. The new Modifier -25 guide reviews how to correctly use the modifier with and without OMT.

Modifier -25 is a coding convention that helps convey important information about the visit. Using Modifier -25 correctly is not difficult, but **frequent incorrect usage has caused auditors to target it for review**. All payers are increasing audits, but billing correctly may protect against such errors.

If you follow CPT guidelines, you are likely to support your use of the modifier. According to the definition in CPT, **Modifier -25** may be used to indicate that **on the same day of a procedure or service**, the patient required a **significant and separately identifiable Evaluation and Management (E/M) service**, which is above and beyond the usual pre- and post-operative care associated with the service or procedure.

Make sure to document your records completely by **recording a procedure note separately from the E/M**. Also include the manipulation methods, the body regions treated (general or specific), and instructions to the patient and their position on the table. After the procedure, note your assessment of the patient's responses to the procedure and instructions given to them, including side effects, treatment reactions, self-care and follow-up.

Also remember to document any special circumstances. For instance, if you provide OMT, the patient returns soon after complaining of pain, and your notes support the necessity to evaluate the pain, you may bill for another E/M.

How to Document and Bill Modifier -25 with OMT

Always:

· **Separate your E/M and procedure notes**. Document so the reader understands that a separate and

continued on page 5

continued from page 4
significant E/M was performed the same day as the OMT

· **Precede OMT with an E/M that clinically supports the need** for the service for that episode.

Never:

· **Bill more than one E/M service per physician, per day**.

· **Use Modifier -57** (for billing an E/M the day before or day of major surgery) instead of Modifier -25

How to Document and Bill Modifier -25 without OMT

· Ensure that the care documented is **above and beyond** the typical care associated with the service or procedure

· Document to indicate that **something changed that required further review beyond the usual** for the procedure. For example, suppose a patient arrives for lancing of an infected armpit sweat gland. If you check the rest of the lymph nodes, that would be considered beyond what is required for the lancing.

· **New problems** may be included in a **separate E/M** if you document the service performed to evaluate this/these new issue(s).

General Documentation Tips

· **Record non-face-to-face services** (ordering labs, consulting another physician, reviewing test results) **in your documentation for the separate E/M**. This documentation is essential for justifying the separate E/M.

· **Do not combine documentation for new issues in notes for an annual exam**. Place documentation in another form or section; do not include it in the original note.

WOMA Job Flash

To view the latest jobs available at the WOMA Job Center, please copy and place the following link in your URL address box.

http://www.associationcareernetwork.com/emails/jobflash-OSTEO.WA.htm

Legislative Report

By David Knutson, Government Relations Representative

We are beginning week four of the 2013 Session and the House and Senate have gotten off to a bit of a slow start. Bills introduced this Session must be voted out of the policy committee they are referred to by Friday February, 22, 2013 or they are considered "dead" for the Session. To date, there are 59 bills in the Senate Health Care Committee and 64 bills in the House Healthcare and Wellness Committee, and NONE have been voted out of committee. I will highlight a few bills of particular interest.

HB 1436 Addresses hospitals coordinated quality improvement programs and the provisions of exclusive remedies in lawsuits by health care providers.

HB 1533 Modifies notification requirements for mandatory mediation of health care claims.

HB 1660 Requires the Department of Health to convene a work group to study and recommend language for standardized clinical affiliation agreements for clinical placements associated with the education and training of physicians, osteopathic physicians and surgeons, and nurses. A report from the work group to the Legislature is due in November, 2014. Both PNWU and WOMA are specifically included in the work group.

SB 5215 Provides that a physician cannot be forced to participate in a public or private health care plan as a condition of licensure. It also provides that health plans cannot require physicians to sign contracts that include an all products clause. The bill has been heard in the Senate Health Care committee but has not been scheduled for a vote.

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B 5214 Provides a B&O tax deduction for donated medical services through a community health care system. A public hearing is scheduled for 2/7/2013.

SB 5224/HB 1085 Creates a single payor health care system in Washington. Eliminates private health insurance plans. Public hearing on the House Bill was held last Friday.

SB 5267/HB1380 Establishes a standardized process for the prior authorization of health care services by requiring all payors to use one form which shall be available in paper, online, and electronic formats. Requires the office of the insurance commissioner to develop and implement uniform prior authorization forms or data fields for different health care services and benefits.

SB 5492/HB 1586 Requires that any advertising by a health care professional must identify the license, certification, or registration they are authorized to practice under.

SB 5530 Requires physicians and physician assistants to provide demographic and other information as requested by the Department of Health.

SB 5615 Directs the Department of Health to seek funding sources for the health professional loan repayment and scholarship program and prioritize medical students who agree to serve in medically underserved areas. I am working on amendments to ensure PNWU students will have access to any loan repayment or scholarship funds, if a funding source can be secured.

Two other health care issues that will be addressed in the budget include the expansion of the Medicaid program under the Affordable Care Act and deciding how to fund the operation of the Health Benefit Exchange for subsidized insurance coverage for low incomes individuals.

Once the House and Senate policy committees begin to move bills out of committee, we will be able to focus in on the issues that will be moving forward through the legislative process.

Bear Droppings.....

by Loren H. Rex, D.O.

Last time, I was lying on my driveway awaiting the arrival of the aid car and pondering what was going on in my world. Of course, I was in shock and in the early stages of a closed head injury and creeping stupidity. When my saviors in the red truck arrived, I looked like a trailer from Freddy Kruger's Edmonds chainsaw massacre but able to stand up, talk and be belligerent. The belligerent part was my response to their suggestion that they would take me to the hospital for a single stitch to the side of my head. Come on, would you go to the hospital for a single stitch? I told them I would call my athletic trainer friend and he could do a steri-strip or a stitch and the problem would be solved. Wrong!

Since I felt fine, I put away the stuff I had brought home and then decided to fix something for dinner. This was about the time that pain began to be noticeable in my left flank and proceeding under my rib cage. The pain was a sort of lightning bolt with a nice boiling oil finish under my left ribs. By now I was becoming convinced I might possibly have screwed up in my recent thinking and decisions. I picked up the phone and called Linda, my office manager, and enquired if she might possibly have time to take me to the Emergency Room. By the time she arrived, maybe ten minutes, I could barely move. We decided to take me to a nearby hospital. Although it could have a better reputation locally, I couldn't have cared less.

Friday the Thirteenth in the Emergency Room was more than I could have imagined, and as an English-only speaker, I was overwhelmed. After filling out the forms and trying to remember when my Grandmother suffered from Athlete's Foot, someone presciently concluded I needed to be seen: soon! An open place was found and I was taken to an area with most of its curtains and thankfully a lot of pillows to prop me up to relieve the rib pain. An I.V. (and some great drugs) later, I was feeling much better, not more in touch, but in a whole lot less pain. Eventually, I was seen and my head and rib cage became of interest to my new ER Doctor friend. After a discussion between the staff if they should order pizza for dinner and the number of pizzas that should be ordered, it was suggested a CAT scan would be a good way to occupy my time. About this time it became clear to Linda she was in for a long haul staying with me as guard, interpreter, Ombudsman, and whatever else I needed. Big tip: if you are going to partake of the health care system, make sure you have a good wingman to help you through the flak.

I admit, I am no expert on antique medical equipment, but if I was going to make book on something, it would be that this CAT scanner would qualify as antique. I'm not sure how long it took for my head, neck, and ribs to become part of my medical record, but I'm pretty sure the bleeding on my head and face was starting the scarring process. Finally, the long gurney ride back to my curtained empire began and I figured new information would soon be given to me as to my possible fate. I had mis-figured however, and was basically next in line after the pizza distribution, which had arrived in my absence, and time was needed for its consumption. I knew I was in trouble when my all-time favorite food had absolutely no appeal to me. A Bear who is not hungry is a sick Bear indeed. My concerns were assuaged by another blast of Morphine through my direct connection to happiness and I lost most interest in my future problems.

Eventually, my ER friend appeared and announced that the CAT scan had been read and the results were in and there was news: good and bad! The good news was that I did not seem to have an intra-cranial bleed and that was very good. However, I most definitely had a severe concussion. Even in my condition I was pretty sure that was not the "bad" news. There was no sign of problems in my cervical spine; I figured that was from an allopathic point of view. There were also no fractured ribs to be found anywhere, so I was not sure exactly how to receive that news based on my memory of the recent pain in my left flank and rib cage. Then came the big announcement as to what they had found, the ***Pièce de résistance*** so to speak, the thing that was bound to impress me the most. But first, he asked, "Are you comfortable, how is your pain, do you need more Morphine? You are going to take a ride in the Aid car and it will be pretty rough for you, so we want to make sure you have enough pain meds." Well, I do have to admit that, even in my Morphine induced fog, he had what constituted my full attention at that point. I then got to hear the five words that no medical person from the Puget Sound ever wants to hear. "We're transferring you to Harborview." "You fractured your left kidney and it is bleeding internally. 'You may lose it and we aren't set up to handle that. Harborview is." One thing for sure, he was right about the ride in the Aid car. That was one of the most painful parts of the whole procedure. If you get a chance to ride in the Aid car, think it over and bargain for a better deal. Shortly, I found myself on my way to Harborview and, as we all know, they have the best, most efficient care anywhere.

Stay tuned.

Bear

CME Schedule

The Osteopathic Approach
to Family Medicine
March 23, 2013
Seattle
8 Category 1-A CME Credits
Anticipated

100th Annual NW Osteopathic
Convention
June 27-30 Suncadia Lodge, Cle
Elum

OMM CME Fundraiser for the
Washington Osteopathic Foundation
September 21
PNWU, Yakima

Washington State to Introduce Health Homes on July 1

On July 1, Washington State will introduce Health Homes in the first phase of HealthPathWashington's forward-reaching Medicare-Medicaid initiatives.

Health Homes will provide citizens with serious or multiple chronic health conditions the opportunity to achieve better health care and outcomes. Created by the Affordable Care Act, Health Homes coordinate primary, acute, mental health services, alcohol/drug treatment and long-term care services.

They are intended to:

- Reduce avoidable health care costs
- Assist with transitions from care settings
- Provide referrals to community services and supports
- Promote wellness and improve health outcomes

HealthPathWashington is an initiative sponsored by the Aging and Disability Services Administration in the Department of Social and Health Services and the Health Care Authority.

Health Home participation will be voluntary for clients and available to clients who are receiving services through a Managed Care Plan or a Medicaid Provider. An estimated 40 percent of Washington State's 115,000 citizens who are eligible for both Medicare and Medicaid are expected to enroll in Health Homes.

Additional information can be found on the web at:

HealthPathWashington: http://www.adsa.dshs.wa.gov/duals/

Health Homes: http://www.hca.wa.gov/health_homes.html.

FOR MORE INFORMATION

Karen Fitzharris, Project Manager, Aging and Disability Services Administration, (360) 725-2254

Becky McAninch-Dake, Quality & Care Management, Health Care Authority (360) 725-1642

Is Your Online Directory Information Correct?

Have you checked your directory listing in "Find a DO" lately? It is important for potential patients to have your correct contact information and practice focus.

Please help us keep your information up to date. Go to www.woma.org and log in with the email you provided to WOMA and your password. Or, send an email to hmattson@woma.org with your corrections.

This directory is one of several benefits of WOMA membership. If you are not currently a member and would like to join, you may print out an active member application from our website at www.woma.org (under the membership tab) and submit with your CV and application fee of $25. If you have questions or need assistance, please contact WOMA staff at 206-937-5358 or email kitter@woma.org.