On January 24th forty osteopathic physicians, students, administrators and staff arrived in Olympia and spent the day meeting with legislators, providing blood pressure checks and osteopathic manipulative treatments. More than half the participants boarded the bus in Yakima before 6:00 a.m. to take part in the fifth annual DO Day in Olympia.

Appointments were made with constituents and packets were delivered to all of the members of the House and Senate. The day started with a briefing provided by WOMA lobbyist David Knutson. Because most appointments only last ten to fifteen minutes, four issues were chosen as topics of discussion. First was a budget request to continue primary care Medicaid reimbursement at Medicare rates beyond the current two-year limitation. This will enable more providers to afford treating Medicaid patients.

House Bill 2109, if approved, would provide GME funding for programs through the University of Washington. We successfully lobbied for an amendment that added Pacific Northwest University of Health Sciences in Yakima to the definition of “school of medicine” for the purposes of the development of residency programs. Specific direction that the Dean of the School of Medicine at the University of Washington (UW) shall be responsible for the development and expansion of residency programs in the state and in southeastern Washington is replaced with a direction that the school of medicine shall be responsible. Specific direction that the Chair of the Family Medicine Department at the UW support accredited, high quality residency programs is replaced with a direction to the school of medicine.

Senate Bill 6016 (companion House Bill 2571) The federal Affordable Care Act regulations provide a 90-day grace period to enrollees in Exchange qualified health plans who receive an advance premium tax credit but fail to pay their premiums, if they have paid at least one full month’s premium during the benefit year. The health insurance carrier must pay all appropriate claims for services rendered in the first 30 days, and may pend claims for services rendered to the enrollee in the second and third months of the grace period, leaving the provider responsible for the cost. The carriers must notify providers of the possibility for denied claims when the enrollee is in the second and third months of the grace period. This bill requires all health insurance carriers offering qualified health plans in the Exchange to pay claims for any services provided to an enrollee during the full duration of the contract, including the grace period. The carrier must provide a notice to a health care provider or health care facility that an enrollee is in a grace period if the provider or facility: submits a request to the carrier regarding the enrollee’s eligibility, coverage, or health plan benefits; submits a request to the carrier on the status of a claim for services rendered; or reports a claim in a remittance advice; and the request or claim is for a date during the second or third month of the grace period. Within 72 hours of receiving the request or claim, the carrier must provide notice to the provider or facility through the same method in which the claim or request was submitted. The notice to the provider or facility must include the purpose of the notice; the enrollee’s full legal name and unique identifying numbers; the name of the qualified health plan and the carrier; the qualified health plan’s unique plan identifier; and the dates on which the grace period began and when the grace period expires.

House Bill 2315 is the return of Representative Tina Orwall’s efforts to require all physicians to complete six hours of CME in suicide assessment training every six years. WOMA continues to argue that physicians already receive sufficient training. The problem with accessing appropriate care is not the failure of physicians to appropriately diagnose or willingness to refer, but getting the patient into the system. In order to prevent suicides, the barriers to assessment,
WOMA is pleased to welcome the following new Active members:

**James Boswell, DO** is a 1973 graduate of MSU-COM. He completed a rotating internship with special emphasis in Internal Medicine in the US Navy in 1974 and a Family Medicine residency at the Osteopathic Medical Center of Philadelphia in 1976. He has a lifetime Fellowship in the College of Emergency Physicians and is certified in Family Practice and Occupational and Environmental Medicine. He currently practices Occupational Medicine for HealthWorks.

**Long Nguyen, DO** graduated from Nova Southeastern University COM in 2009 and did his postgraduate training in Family Medicine at Valley Medical Center and Kaiser Permanente Orange County. His Family Medicine practice is in Renton.

**William Rambo, DO** is a 1984 graduate of ATSU. He completed a rotating internship at Michigan Osteopathic Medical Center in 1985. After practicing family medicine with his father in Bellingham from 1986 to 1992, Dr. Rambo served in the military in several capacities, including flight surgeon in the US Navy in Hawaii, Washington and Texas. He is recently retired from the military, working locum tenens in Urgent Care.

**Janmeet Sahota, DO** received his DO degree from UMD-NJSM in 2002. He completed a rotating internship and an orthopaedic surgery residency at Peninsula Hospital Center in Far Rockaway, NY and a spine surgery fellowship at Johns Hopkins University in 2008. He practices at Tri-City Orthopaedic Clinic in Kennewick.

**Yvonne Marie Dee Yang, DO** graduated from ATSU in 2005. She completed an internship with Emergency Medicine Emphasis in 2006 and an Emergency Medicine Residency at Ohio University COM Doctor’s Hospital in 2009. She received her Masters in Medical Management from William E Simon Business School at University of Rochester, NY in 2011. She practices in the Department of Emergency Medicine at St. Joseph Medical Center, Tacoma.

**Governor Seeks Applicants**

Governor Jay Inslee is accepting applications for appointment to the Board of Osteopathic Medicine and Surgery. Two terms will be expiring in July of this year and at least three nominees for each position are desired.

The Board is made of six DOs and one public member appointed by the Governor. Physician members must have been in active practice for at least five years immediately preceding appointment. All members must be citizens of the United States and residents of Washington State.

The following expectation guidelines are intended to serve as a reference for current members and for prospective appointees of the Board:

1. Attend regular board meetings, held six times a year on Fridays during business hours. There is also a Department of Health one-day Board, Commission and Committee Conference.

2. Participate in telephone conferences to close cases. These take about two hours and are usually done between board meetings.

3. Participate in settlement conferences with respondent’s attorney, staff attorney and/or board staff, usually at the convenience of the reviewing board member and can take several hours. The number held each year depends on the number of cases charged for that board member.

4. Participate on hearing panels from one day to several days two to three times a year. Hearings may be held in the respondent’s practice area to accommodate witnesses. A panel of three members is generally utilized to hear disciplinary cases. All board members are not required to participate in every hearing.

5. Prepare for all meetings by reading materials sent one to two weeks in advance of the scheduled meeting date. In addition, between eight and 24 hours are spent in reviewing complaint files prior to each meeting.

Interested, eligible DOs are encouraged to submit an application now. For information and an application go to http://www.governor.wa.gov/boards/application/default.aspx.
Welcome New Members

At its meeting on December 6, 2013, the Board of Governors approved the following applicants for membership:

**Active**
- James Boswell, DO MSUCOM’73
- Long Nguyen, DO NSUCOM ’09
- William Rambo, DO KCOM’84
- Janmeet Sahota, DO UMDNJ ’02
- Yvonne Yang, DO ATSU ’05

**Post Graduate**
- David Escobar, DO PNWU ’13
- Garrett Jeffery, DO COMP’12
- Jaime Klippert, DO PNWU ’12
- Kelly Noyes, DO PNWU ’12
- Andrea Payne Osterlund, DO PNWU ’12
- Regan Riles, DO AZCOM ’13
- Heather Ross, DO PNWU ’13
- Laura Turgano, DO ATSU-SOMA ’13

**Associate Military**
- Jason Durbin, DO AZCOM ’02

**Student**
- Eileen Domingo COMP-NW ’16
- PNWU Class of 2017:
  - Weston Anderson
  - Jeffery Armaly
  - Erik Arnts
  - Spencer Augustin
  - Jonathan Bale
  - Joseph Beck
  - Benjamin Benitez
  - Ethan Berg
  - Brandon Bilyeu
  - Evgeny Bistrika
  - Ryan Blaser
  - Caitlynn Brendall
  - Austin Brown
  - Katie Camarata
  - Alexa Celerian
  - Satabdi Chakrabarti
  - Margaux Chan
  - Benjamin Chou
  - Dana Comeslasl
  - Nari Corley-Wheeler
  - Hang Minh Dao
  - Bryon Davis
  - Jessie Davis
  - Lauren Delana
  - Allyne Delossantos
  - Mercedes Diaz

**Retired**
- Dolly Do
- Natasha D’Souza
- Steven Engebretsen
- Marcus Fazzari
- Danielle Feldhaus
- Harrison Fleming
- Michael R Fox
- Patrick Fox
- Rebecca Fox
- Lea Franchini
- Tyler Girdler
- Anthony Hafez
- Teressa Halley
- Dennis Heaton
- Rebekah Hernandez
- Daniel Hinds
- Thien Ho
- Charissa Hobbs
- Daniel Hoffman
- Andrew Jones
- Priyanka Kamal
- Benjamin Kregg
- Colin Kenny
- Daniel Kim
- John Kim
- Thomas Kirchebe IV
- Christine Kolwitz
- Andrew Kowalski
- Erika Kristensen
- Danielle Kusmider
- Jena Lalich
- Stephanie Landreth
- Michael LaRoy
- Alileen Larson
- Tanya Lawrence
- Jenny Le
- Angela Lightner
- Alejandro Lopez
- Jennifer MacSwords
- Onel Martinez
- Benjamin May
- Brett McBride
- Amber McDonald
- Ryan McKinley
- James McMullin
- Juliann Mendes
- Benjamin Miller
- Mua Ngo
- Nguyen Nguyen
- Vy Nguyen
- Cullen Owen
- Helena Pang
- Priya Panneerselvan
- Chris Perez
- Cory Pickett
- Rachel Pontemayor
- Jason Postlethwaite
- Michael Poulos
- Aaron Price
- Taufig Rajwani
- Sara Ramquist
- Caitlin Reed
- Andrew Remm
- Adam Reno
- Timothy Rinden
- Stacey Rittmueller
- Robert Sargent III
- Audrey Seizer
- Lemuul Sibulo
- Aubrey Siegel
- Alainna Simpson
- Andrew Smith
- Lindsey Smith
- Hunter Spencer
- Chris Stanley
- Ryan Starr
- Emily Stratton
- Erin Swieter
- Scott Syndergaard
- Shane Tickitt
- Aleksy Tagintsev
- Lindsey Tanaka
- Tracey Taylor
- Christopher Tracz
- Cindy Tran
- Shannon Tuohy
- Kim Turner
- Carlos Vargas
- Richard Wadsworth
- Danielle Welch
- Katherine Wyrick
- Kevin Yeo

There are several other bills that treatment and sharing of information that currently exist must be dealt with, such as: a) protection for the physician to reach out to family members if a patient is suicidal, the Health Information Portability and Accountability Act (HIPAA) prevents this without patient permission; b) legislative change in the law (71.05 RCW) regarding the involuntary commitment process. The County-Designated Mental Health Professional, or CDMHP, or MHP, who has a master’s level degree, trumps any clinician, including a physician who has been working with the patient for many years. The law says that it is the MHP who makes the final decision as to whether a patient is involuntarily committed for suicidal ideation, or being “gravely disabled, or a danger to self or others.” What the MHP determines after a one or two hour evaluation, has more credence than what a psychiatric opinion is after five or 10 or more years, because that’s what the law says; c) more resources for families who need help with a mentally ill relative.

The osteopathic profession appreciates the time taken by the following to participate in DO Day:

There are several other bills that WOMA is watching dealing with a variety of healthcare issues. Look for a legislative update soon.
In Memoriam

Charles Schuetz, DO

Dr. Charles “Charlie” B. Schuetz, D.O., of Edmonds, WA passed away on December 28, 2013. Charles was born on April 16, 1950 in Kirksville, Missouri to Dr. Hugh A. and Elizabeth Schuetz. A graduate of the Kirksville College of Osteopathic Medicine in 1975, he established a practice in Washington State in 1976. He returned to Kirksville in 1983 for a residency in Osteopathic Manipulative Medicine. He was the first to ever complete this program.

In 1984 Dr. Schuetz settled and opened his practice in the Seattle, then Edmonds area. Over his long career he was able to help thousands of people.

An active participant in the community, he was a member of The Scottish Rite of Freemasonry to the 32° at the Edmonds Lodge No. 165 and a Shriner. He was often at the Nile Shriners Golf Center where he was a member of the Nile Men’s Golf Club. Rain or shine, he would be out on the course with his brothers.

Dr. Schuetz served the Washington Osteopathic Medical Association in several capacities, including President in 1982-83.

He is survived by his wife, Christine, and daughter, Elizabeth, both of Edmonds; brother, Dr. Hugh A. Schuetz, D.O., and his wife, Deborah, of St. James, Missouri. A celebration of his life will be held at a later date in the summer.

Warren Lawless

Warren Lawless passed away in the early hours of January 13th, 2014 at the age of 95. He was born in June 1918 in Bremerton WA.

Warren served as WOMA’s Executive Director from 1967 through 1988. Warren spent his life in public service; he served over 30 years as Chairman of Western University of Health Sciences, winning numerous awards for his dedication of service to the school.

For 50 years he was a member of the West Seattle Kiwanis Club, serving as secretary/treasurer and last year as President.

Some of his honors include: Honorary Degree, Doctor of Humane Letters August 1980; West Seattle Chamber of Commerce, 110% award; Kiwanian of the Year 1979-1990; Western University Humanism in Medicine Award, American Osteopathic Association Distinguished Service Award and he was the first recipient of WOMA’s Lifetime Achievement Award which bears his name.

Warren was preceded in death by his wife, Betty May Brant Lawless, in 2009.

He is survived by his brother John Lawless and sister, Mary Margaret Kiesel; sons Jack (Jennifer) and Michael; two grandsons and their wives and four great-grandchildren.

A memorial was held at the West Seattle Golf club on January 25th.

WOMA Coming Events

Preparing for ICD-10-CM
Janneen Lambert, CPC, CPC-H
Friday, March 21, 2014 Doubletree Guest Suites, Southcenter
(Registration available soon)

WOMA Spring Seminar
Pain Management: Risks and Resources
Saturday March 22, 2014 Doubletree Guest Suites, Southcenter
Marc Cote, DO, Program Chair
Registration available now pages 10 & 11

2014 Annual Convention
June 19-22, 2014
Skamania Lodge, Stevenson

DOH Rulemaking

Board of Osteopathic Medicine and Surgery

Endorsement application and active renewal licensing fees were reduced from $600 to $425 for DOs as of January 1, 2014. In addition, the $70 fee charged for approval of a Physician Assistant practice plan (now called a Delegation Agreement) has been removed.

Collaborative rulemaking with the Medical Quality Assurance Commission is progressing on proposed changes to PA supervision. The next scheduled meeting is February 12 and is open to the public.

At its meeting on January 24th, the Board approved rulemaking to update the list of examinations available, reduce barriers for delegation of laser, light, radio frequency and plasma devices, establish requirements for a retired active status credential and requirements for re-entry to practice, along with some general housekeeping changes.

Thirty days after the meeting, a CR-102 will be distributed, announcing the proposed changes to the public. It provides the date, time, and location of the public hearing(s), the deadline to submit comments, and the process for submitting comments. If appropriate, a Small Business Economic Impact Statement (SBEIS) is filed with this notice.

PQRS - Will You Get an Incentive Payment or a Payment Adjustment?

2014 is the last year you can earn an incentive payment for reporting PQRS data to CMS. 2014 participation in PQRS will also determine if you are subject to a 2016 PQRS payment adjustment. If you have not participated in PQRS now is the time to start to avoid the 2016 payment adjustment.

Step 1: Determine if you are eligible
Step 2: Determine which measures to report
Step 3: Report your quality measures
Need help? The AOA developed the Clinical Assessment Program (CAP) for PQRS to provide physicians with an opportunity to receive enhanced payment from CMS and understand how patients are doing using evidence-based process and outcome measures. Register now to participate in the 2014 AOA Clinical Assessment Program (CAP) for the Physician Quality Reporting System (PQRS) to earn a potential bonus incentive and avoid a penalty in 2016.
DO Day provides an opportunity for members of the Washington State legislature to talk first-hand to osteopathic physicians from WOMA and osteopathic medical students from PNWU. In preparation for this experience, students attended a workshop with PNWU Associate Dean of Medical Student Affairs, Stephen Laird, DO.

Dr. Laird, a former health policy fellow and advocate for the osteopathic physician community discussed the importance of staying connected to political affairs. He also advised students about opportunities for health policy fellowships and spoke about his experience serving and making recommendations to elected government. Ryan Rodruck, a former lobbyist and political science expert also delivered a presentation complementing Dr. Laird’s position. Rodruck presented a high level view of Washington State government. His presentation titled “Olympia 101” defined the roles of political aides or tutorials indicating how PNWU students should address and inform legislature about osteopathic medical education and health policy.

“DO Day is a great experience for any budding physician,” Said PNWU student Ben Finch. “Having the chance to talk with legislators not only gives us the chance to influence health policy in a small way, it also helps us understand what the process of changing laws is like. Events like this are of the utmost importance. If policy-makers don’t receive information about the laws they’re making, they will make uninformed choices. Who better to act as experts in this matter than doctors and medical students. Also having the chance to meet my representatives and talk to them about health policy is a lot of fun.”

PNWU- COM Dean Thomas Scandalis will attend DO Day this Friday, January 24, 2014. Dr. Scandalis and WOMA members will accompany 29 osteopathic medical students from PNWU during scheduled appointments with legislators. “I am impressed with the cooperative and collaborative relationship between our organizations,” Said Dr. Scandalis as he described his upcoming agenda for DO day. “I believe in our students and their ability to represent the osteopathic community and PNWU.”

In addition to arranged meeting, health care and higher education legislative committee members students will also meet with their local representatives and with more than 50 percent of our student body from Washington State, the day will be eventful.

A drop-in luncheon hosted by WOMA will provide a forum and inquisitive environment for osteopathic physicians and students to demonstrate osteopathic manipulative medicine and a blood pressure screening.

“With 1 in 5 US medical students entering osteopathic medicine, we have a responsibility to lead and inform the next generation of osteopathic physicians. Organizations like WOMA in conjunction with our efforts as health education administrator’s will set build commonality between government and medicine,” Said Dr. Scandalis.

DO Day Provides Access to Legislators for Timely Topics
Clinical Affiliation Agreement Workgroup Convened

A workgroup has been convened by the Department of Health (DOH) in response to language included in the budget bill passed by the Legislature in 2013 intended to standardize language that can be used by medical, osteopathic and nursing programs and health care facilities in establishing training opportunities for students. This project is an extension of the work of the Health Care Personnel Shortage Task Force (Task Force), which is part of the Workforce Training and Education Coordinating Board. The Task Force’s 2012 Report noted that “clinical placements are an integral part of the education and training in many health care professions”, and went on to state that the absence of standardized agreements “creates unnecessary complexity and duplication of effort spent creating, editing and negotiating similar agreements across the state.”

Specifically, the 2013 legislation directs this workgroup to develop either standardized provisions for medical, osteopathic and nursing agreements, or separate standardized provisions for each profession’s agreements. The legislation also requires the workgroup, which will be staffed and facilitated by the DOH, to report back to the legislature in November 2014. Five to six half-day meetings are anticipated, approximately monthly, during the first half of 2014 in order to complete this work.

The membership of the workforce is comprised of representatives from, at a minimum: two-year institutions of higher education; four-year institutions of higher education; the University of Washington medical school; the Pacific Northwest University of Health Sciences College of Osteopathic Medicine; the Health Care Personnel Shortage Task Force; statewide organizations representing hospitals and other facilities that accept clinical placements; a statewide organization representing physicians; a statewide organization representing osteopathic physicians and surgeons; a statewide organization representing nursing services; labor organization representing nurses; and any other groups deemed appropriate by DOH in consultation with the health care personnel shortage task force.

WOMA is represented by Steven Leifheit, DO. PNWU is represented by Juan Acosta, DO and Anita Showalter, DO. The first meeting was held January 29th. According to Dr. Showalter, representatives of training programs including medical education, osteopathic medical education, physician assistant and nursing programs were there. Discussion was lively and included comparisons of challenges in gaining access to clinical training sites and the sometimes arbitrary barriers that are placed before students. Some of the barriers include unreasonable frequency of drug testing, variations in immunization requirements that are not consistent with CDC guidelines and interpretation of background check requirements. Attendees agreed that there should be common ground for standardization of requirements, but that the facilities need to be at the table.

Standardized agreements from various sources were shared with attendees as examples of the work that will be done. A series of meetings will be scheduled to process the work as well as inviting other stakeholders.

Reserve the Dates and Plan to Attend!
101st Annual Northwest Osteopathic Convention
June 19-22, 2014
Skamania Lodge, Stevenson, WA

Bree Collaborative

The Bree Collaborative is a statewide public/private consortium established in 2011 by the Washington State Legislature “to provide a mechanism through which public and private health care stakeholders can work together to improve quality, health outcomes, and cost effectiveness of care in Washington State.” Members are appointed by the Governor to 3, 4, or 5 year terms and include representatives from public and private health care purchasers, employers, health plans, providers, and quality improvement organizations. The Bree Collaborative meets six times a year to identify health care services or topics with substantial variation in practice patterns and/or high utilization trends that do not produce better care outcomes. After selecting a service or topic, the Bree convenes an expert workgroup to develop recommendations to send to the Health Care Authority that guide state purchasing for programs (e.g., Medicaid, Public Employees Benefits Board). The intent is for other public and private stakeholders to follow.

The legislative mandate asks for one Osteopathic Physician, chosen among five nominees submitted by the Washington Osteopathic Medical Association. Candidates should have some experience in Health Policy.

WOMA’s representative, Robyn Phillips-Madson, DO was an excellent advocate for the osteopathic profession. She recently left Washington to be the founding Dean of a new osteopathic medical school in San Antonio, TX. Participation requires a lot of listening and making sure that DOs are not overlooked. It may also require conveying information to or soliciting opinions from the osteopathic profession through WOMA.

Meetings are scheduled (usually in downtown Seattle) from 12:30pm to 4:30pm for the following dates:
· Wednesday, March 19
· Wednesday, May 21
· Thursday, July 17
· Wednesday, September 17
· Thursday, November 20

If you are interested, qualified and would like to be considered for this position, please email your CV to kitter@woma.org by February 11, 2014.
WOMA Joins Coalition

WOMA has joined a Primary Care Coalition of organizations who are supporting a proposal to the 2014 Supplemental Budget to maintain fair Medicaid compensation to primary care providers. To ready Washington State for the Medicaid expansion, the federal government brought Medicaid payments for certain primary care services and some preventive health services up to current Medicare reimbursement levels for the 2013 and 2014 calendar years. It is fully federally funded through December 2014.

The $24 million request for the supplemental budget is to cover a six-month funding gap due to a calendar oversight, from January 2015 to July 2015, to maintain Medicaid payment rates for primary care physicians at Medicare reimbursement levels. Because the federal calendar ends in December and the state’s fiscal calendar starts in July, this funding must be included in the current 2014 supplemental budget to cover the January-June 2015 time period.

A gap in funding may mean patients could have difficulty finding a provider and lose continuity of care, which is especially critical for people with chronic conditions such as diabetes.

Many primary care providers decided against taking on new Medicaid patients even with the primary care payment increase, because the federal funding was only temporary. Without a commitment from the state to cover the calendar gap, physicians will not have the economic stability they need to begin accepting new Medicaid patients.

Medicaid payments fall far short of physicians’ costs to provide the care. The payments are just 66% of Medicare payment rates. This unfair burden is a major barrier to physicians taking Medicaid patients and has created a shortage of Medicaid providers. Limited access to care affects a significant portion of Washington’s population, as Medicaid serves more than 1 million low-income residents, including 472,000 children (42% of Washington children). In rural areas, lack of Medicaid providers leaves many Medicaid enrollees with serious barriers to finding and getting to care. The expansion of Medicaid this year will create increased demand for care across the state. It is estimated that the U.S. will face a shortage of more than 52,000 primary care physicians by 2025.

Without access to quality primary care, preventable emergency room visits increase while health outcomes worsen, costing the state money, productivity and lives. Contrary to common perception, physicians and other practitioners only receive a small portion of Medicaid expenditures. In fact, physician fees only account for approximately 5.42% of total Medicaid expenditures in Washington.


The Federal match for any rate increase would draw down a 50% match for legacy Medicaid and 100% for Medicaid Expansion. Using these figures, to continue this funding through the 2015-2017 biennium would require a $100 million investment by the State.

Is Your Online Listing Correct?

Are you an Active member of WOMA? If so, go to www.woma.org and select the “Find a DO” tab. Put in your last name, select “search” and check the information that comes up. If the information has changed, log in using the email you provided to WOMA and your password. Or, send an email to kitter@woma.org with the correct information.

This directory is one of several benefits of WOMA membership. If you are not a member and would like to join, go to www.woma.org and print out an Active Member application under the Membership tab. Submit it with your CV and application fee of $25. If you need assistance, call the WOMA staff at 206-937-5358 or email kitter@woma.org.

Washington D.O. Winter 2014
Large Physician Groups Will Be Paid For Quality Using Medicare’s VBM

Starting in 2015, physicians will be paid for the quality of care they provide. These payments will be based on Medicare’s Value-Based Payment Modifier (VBM).

The VBM provides for differential payment to a physician or group of physicians under the Medicare Physician Fee Schedule (PFS) based upon the quality of care furnished compared to cost during a performance period. The Affordable Care Act requires that the VBM be applied to specific physicians that the HHS Secretary determines appropriate starting January 1, 2015, and to all physicians by January 1, 2017. The VBM applies only to physician payments under the Medicare PFS. Since the program is budget neutral, reductions in payments to low performing physicians will finance increases in payments to higher performing physicians.

Beginning in calendar year (CY) 2015, the VBM will affect Medicare payments to physicians in groups of 100 or more eligible professionals (EP) based on 2013 performance on quality and cost measures. In 2016, the modifier will apply to physicians in groups of 10 or more EPs based on 2014 performance. In 2017, the modifier will apply to all physicians based on 2015 performance.

Additionally, for 2015 and 2016, the VBM does not apply to groups of physicians in which any of the group’s physicians participate in the Medicare Shared Savings Program Accountable Care Organizations (ACOs), the testing of the Pioneer ACO model, or the Comprehensive Primary Care Initiative.

Groups of physicians are defined as a single Taxpayer Identification Number (TIN) with two or more individual EPs, as identified by their individual National Provider Identifier (NPI), who have reassigned their Medicare billing rights to the TIN. The following professionals will be counted as “eligible professionals” for purposes of determining group practice size and VBM application:

- Physicians — Doctor of Medicine, Doctor of Osteopathy, Doctor of Podiatric Medicine, Doctor of Optometry, Doctor of Dental Surgery, Doctor of Dental Medicine, Doctor of Chiropractic
- Practitioners — Physician Assistant, Nurse Practitioner, Clinical Nurse Specialist, Certified Registered Nurse Anesthetist, Certified Nurse Midwife, Clinical Social Worker, Clinical Psychologist, Registered Dietician, Nutrition Professional, Audiologists
- Therapists — Physical Therapist, Occupational Therapist, Qualified Speech-Language Therapist
- CMS queries Medicare’s Provider Enrollment, Chain, and Ownership System (PECOS) to identify groups of physicians with 10 or more EPs at the close of the PQRS group self-nomination process during the relevant performance period year (2014). Groups of physicians are removed from the list if, based on claims analysis, the group of physicians did not have the required number of EPs that submitted claims during the performance period.

Each physician group receives two composite scores (quality and cost), based on the group’s standardized performance (e.g. how far away from the national mean.). This approach identifies statistically significant outliers and assigns them to their respective quality and cost tiers.

For more information go to www.steopathic.org/Value-Based Payment Modifier Policies FAQ.

Board Policy for Record Retention

Practitioners continue to have obligations toward patients during and after departure from, or the closing of a medical practice. Except in cases of death or other incapacity of the practitioner, practitioners may not abandon a patient or abruptly withdraw from the care of a patient. Therefore, patients should be given reasonable advance notice to allow their securing other care. It is the position of the Washington State Board of Osteopathic Medicine and Surgery that transition from a medical practice is done with a minimum of disruption to the patient.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) provides that patients have the right to request access to review and copy certain information in their medical records. When an osteopathic physician leaves a group practice, the patients of that physician must be notified. It is unethical to withhold the new address of the departing osteopathic physician if requested by a patient. If a physician of a group is responsible for notifying the patients rather than the group, the group should not interfere with the discharge of these duties by withholding patient lists or other necessary information to accomplish the notification.

Who is affected?
- Licensees who are in the process of retiring
- Licensees whose employment is terminated with a specific practice or when the practice is physically moved
- The estate of licensees who have died (office boxes and drop boxes are not acceptable addresses for the storage of patient records)
- Disposing of records
- In order to preserve confidentiality, all records should be destroyed
- Storage of non-paper files
- Can be stored by an electronic data system, microfilm, or similar photographic means. Each electronic record must identify existing original document or information not included in the electronically stored record
- Paper records may only be destroyed if stored records can be reproduced without alteration from the original

Who is responsible?
- Practitioners for the security and confidentiality of patient records
- Practitioners for the notification of office closure/moving of the practice and location of patient records

Are You Ready for ICD-10-CM?

"Preparing for ICD-10-CM" is a special seminar designed by Janneen Lambert, CPC, CPC-H for osteopathic physicians and their staff. It will be presented on March 21, 2014 in Seattle, the day before the WOMA Spring Seminar, "Pain Management Risks and Resoures". Go to www.woma.org.

continued on page 9
CME Requirements

Washington State

Fifty credits must be earned in the twelve-month period preceding application for renewal of licensure.

1-A At least 30 credit hours must be Category 1-A which includes formal educational program sponsored by nationally recognized organizations or institutions which have been approved by AOA, WOMA or the AOA.

1-B Up to 5 credits for preparation in publishable form of an original scientific paper.

1-C Up to 5 credits for serving as a teacher, lecturer, preceptor or a moderator-participant in a formal educational program or preparation and scientific presentation at a formal educational program sponsored by one of the organizations or institutions specified in Category 1-A. One hour credit per each hour of instruction may be claimed.

Category 2 - Home study.

2-A Maximum of twenty credit hours per year may be granted.

a. Reading - Medical journals and quizzes.

1) One-half credit hour per tape
2) One-half credit hour per quiz
b. Listening - Audio tape programs.

1) One-half credit hour per tape program
2) One-half credit hour per tape program quiz
c. Other - Subject oriented and refresher home study courses.

1) Credit hours indicated by sponsor will be accepted

2-B Preparation and presentation of a scientific exhibit at professional meetings.

a. Maximum of five credit hours per exhibit per year.

2-C Observation at medical centers; programs dealing with experimental and investigative areas of medical practice and programs conducted by non-recognized sponsors.

a. Maximum of five credit hours per year.

AOA

Unless exempted, all AOA members must earn 120 credits of CME during the CME cycle, currently 2013-2015. Of this total, thirty CME credits must be obtained in Category 1-A and the remaining ninety credit hours of the CME requirement may be satisfied with either Category 1-A, 1-B, 2-A, or 2-B credits.

Category 1-A: Formal face-to-face programs that meet the Category 1 quality guidelines, faculty requirements, and which are sponsored by AOA-accredited Category 1 CME sponsors; Formal delivery of osteopathic medical education lectures in colleges of osteopathic medicine or to students, interns, residents, and staff of AOA approved healthcare facilities.

Category 1-B:

A. Publications, Inspections, Examinations, and Committee Meetings Development and publication of scientific papers and electronically communicated osteopathic educational programs; serving as an osteopathic healthcare facility, college accreditation, internship, residency or OPTI surveyor or consultant; conducting, and developing certifying board examinations; participating on an osteopathic state licensing professional review board; and for healthcare committee and departmental meetings which review and evaluate patient care whether the committee work is in an osteopathic or allopathic institution.

B. Osteopathic Preceptorship Osteopathic physicians serving as preceptors in any AOA approved osteopathic medical education program may be granted Category 1-B credit. A maximum of sixty AOA Category 1-B credits for precepting may be applied to the 120-hour requirement.

C. Certification Examination Credit Fifteen Category 1-B credits will be awarded to AOA members who pass an AOA recertification examination or obtain a certification of added qualification.

D. Activities in Non-AOA Accredited Institutions Category 1-B will be granted to osteopathic physicians who participate in non-AOA accredited institution/hospital activities such as: hospital staff activities, educational lectures, and lecturing when the institution/hospital is an AOA recognized associate institution/hospital that trains osteopathic students, interns and/or residents.

To find out what other activities meet this category as well as 2-A and 2-C, go to www.osteopathic.org and under Advance Your Career select 2013-15 CME Guide.
This Live activity, Pain Management: Risks and Resources, with a beginning date of 3/22/2014, has been reviewed and is acceptable for up to 8.00 Prescribed credits by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Agenda
7:30 a.m. Registration & Breakfast
8:00 a.m. REMS Session (presented by the AOA, a member of the Collaborative on REMS Education (CO*RE)
Extended Release/Long Acting Opioid Risk Evaluation and Mitigation Strategies
Shorin Nemeth, DO
10:00 a.m. Break/Visit Exhibits
10:15 a.m. ER/LA Opioid REMS cont’d
Shorin Nemeth, DO
11:15 a.m. REMS session adjourned
Pain Management of Injured Workers
Paul Williams, MD
12:15 p.m. Break/Lunch/Visit Exhibits
1:15 p.m. Diagnosing and Treating Addiction in Pain Patients
Bill Dickinson, DO
2:15 p.m. Psychotropic Medication and Pain Management Interface
Dan Wolf, DO
3:15 p.m. Break/Visit Exhibits
3:30 p.m. Utilizing the UW Telepain Program
David Tauben, MD
4:30 p.m. Panel Q&A
Drs. Tauben, Dickinson & Wolf
5:30 p.m. Seminar Adjourns

Objectives
By attending this REMS course, you will: Understand how to assess patients for treatment with ER/LA opioids; Be familiar with how to initiate therapy, modify dose, and discontinue use of ER/LA opioids; Know how to manage ongoing therapy with ER/LA opioids; Know how to counsel patients and caregivers about the safe use of ER/LA opioids, including proper storage and disposal; Be familiar with general and product-specific drug information concerning ER/LA opioids.

In the remaining sessions you will: Review and illustrate practical application of L&I’s newest Guidelines for prescribing opioids; Discuss differences between dependency and addiction and list some options to treat pain in patients with known addiction or dependency; Review classes of medications which may reduce chronic pain and understand the relationship between pain and depression and/or anxiety; Know how telemedicine improves access to pain care; understand why chronic pain treatment and outcomes are improved when expert care guidelines are followed; develop an effective complex pain case presentation; determine how access pain experts using the telemedicine platform and know what to expect during an inter-specialty telemedicine pain consultation.

See registration form on next page
PAIN MANAGEMENT: RISKS AND RESOURCES
March 22, 2014 Doubletree Suites/Southcenter/Seattle

Name __________________________________________ Phone __________________________

AOA# ___________________________ Email __________________________

Address
______________________________________________________________

City ___________________________ State ________________ Zip ________________

Registration Fees

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*Member fee also applies to out of state physicians who are members of the State AOA Divisional Society of the state in which they practice.

Seminar Fee includes Web-based syllabus, Continental Breakfast and Lunch

**Registrants may bring their laptops and will be able to type notes to save them.

*Pads may be used to follow along, but notes cannot be typed or saved on them

Board Meeting Dinner $45.00

Board Meetings WOF 5:45 p.m. WOMA 6:15 p.m. (approx.)

Please register if you plan to attend the WOF and/or WOMA Board meeting(s).

Agenda items must be submitted no later than March 12, 2013

I will attend the Board meeting ___Yes ___No

_____Please order dinner ($45) (Buffet)

Register online with your credit card at www.woma.org.

Or Complete this form and send with your check made payable to WOMA or credit card information to: PO Box 16486, Seattle, WA 98116.

TOTAL $ __________________

Pay with a credit card: ___ VISA ___ MC 3-Digit Security Code________

Card Number __________________________ Expiration Date __________________________

Signature _______________________________________________

Registration fee is non-refundable. A full credit for future WOMA conference less a $50.00 processing charge, will be given upon emailed cancellation received by or written cancellation postmarked by March 22, 2013. No credit after March 22, 2013. No refunds will be made. Questions-Call the WOMA office at 206-937-5358

Accommodations

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

1 King or 2 Double Beds
$135.20 THU/$103.20 FRI & SAT
(price subject to change)
Call 1-800-222-8733 or 206-575-8220 and request the catering discount

Directions

From North on I-5 - Exit on 154B- toward Southcenter Blvd. & Mall/Burien/Sea-Tac AIRPORT. Take the exit toward Southcenter Blvd. & Mall. Turn left onto Southcenter Blvd. Turn Right onto 61st Ave S. Turn right onto Southcenter Pkwy. Drive 0.6 miles hotel is on the left.

From South I-5 - Take 153 Exit (which is Southcenter Blvd. Exit). Go to first Exit ramp, make a right onto Southcenter Parkway. We are located on left side approximately 1/4 mile.

From East of the Mountains - Take I-90 to I-405 South (approx. 15 minutes on 405 South). Take the Southcenter Blvd. Exit. Follow signs to Southcenter Mall. Stay on Southcenter Parkway for approximately 1/2 mile. We are located on the left side behind the Outback Steakhouse.
Last time we were exploring the wonders of living (read existing) in a 1949 trailer home during a typical Missouri winter. Just two newly wed college students and a toy poodle to guard the place. Although we had hoped to commute to and from the farm home of the “blue beast” it was quickly obvious that a change of plans was in order; we needed to move to a trailer park. At the time we were attending Northwest Missouri State University at Maryville and the decision to pursue a career as a D.O. had not reared its head. Our only furniture came with the trailer and was built in. The only thing that was moveable consisted of two genuine wooden Dupont dynamite boxes that were on loan from a friend of Sharelle’s. Last column, I mentioned sub-standard as a class for housing, however, I suppose you could not technically call the digs sub-standard since, as far as I know there were no particular housing standards and certainly not for students. The level of comfort and sophistication has changed un-believably in the past half century and sometimes it seems impossible that the time has gone by and left behind the changes we see. However, one of the things that are not hard to recall since it is burnished on my brain; Missouri winters. The memories are deeply burnished and will remain so until my last breath.

Of course, in order to get to winter you have to get through summer. For some people, the heat of summer in Missouri is even worse than the cold of winter. I personally didn’t see it that way but I did not like summer much either. I did however, love spring and fall. I loved that magic day when the sun on your back changed from a burning heat to a deep warm glow that carried the message that those scorching summer days were over for the year. The timeless message that fall was arriving and those glorious fall colors would soon appear again. We moved the trailer in deep summer when it was very hot and summer school was almost over. There are, of course, many things that must be done to move into any housing and trailers are no exception. The electricity was not a big problem, just had to get the correct connector, rewire the wires from the trailer to fit the trailer park connector and twist it together. Problem one finished and on the next problem, which involved hooking up the gas and water. In those days, these hook-ups required the joining of copper tubing by flaring the end of the tubing and using connectors that could be made fluid tight. The water was no real problem since a bad joint resulted in a “drip” which wasn’t lethal. The gas on the other hand really needed to be done correctly to avoid a messy explosion. The hook-up required getting gas to a wall “furnace”. In reality, the wall furnace would toast marshmallows but in no way would it provide heat three feet away. The problem here was that the “furnace” was on the living room wall and the bedroom was at the other end of the “blue beast”. I would guess most of you reading this column suffered through Physics in college and understand the problems involved with heating the bedroom from the living room, especially when there is not enough heat in the living room, Duh! Obviously, the problems here can be described as supply of things to the trailer which consisted of electricity, water, and gas to make life more or less tolerable for the inhabitants of the “blue beast”.

This, of course, means that the utilities used, need to leave by some means. So far, no provisions have been made for an important commodity commonly called sewerage. Sewerage is a very important part of the process indeed. As all of you with a travel trailer know, you must have a length of sewer hose suitable to reach the sewer pipe connector. Since I didn’t have a length of hose, it was off to the hardware store. I didn’t have a clue of how much I needed but the nice man made me a deal I couldn’t resist on a left over piece about 15 feet long and I was headed for home with my prize. The hose was about 10 feet too long for what I needed but since I was always one to not throw away stuff, I cleverly pushed it into the drain pipe and the excess went somewhere into the system: I know not where. Being very proud of myself for the great hook-up I had made I retired inside, flushed the stool, which seemed to work perfectly, and made myself an iced tea to celebrate the victory. It was the following afternoon when the manager of the park stopped by to enquire if I happened to be having any problems with the sewer since everyone ahead of me on the line was draining very slowly. I assured him that mine was working perfectly. Sometime in the middle of the night it struck me what I had done, so I dressed, crawled under the trailer and began to slowly retrieve the hose from the sewer system. It began as a quiet trickle, picking up sound and volume until it became a torrent of sound and sewage as the back-up of about 30 trailers passed beneath my trailer in deep summer when it was very hot and summer school was almost over. There are, of course, many things that must be done to move into any housing and trailers are no exception. The electricity was not a big problem, just had to get the correct connector, rewire the wires from the trailer to fit the trailer park connector and twist it together. Problem one finished and on the next problem, which involved hooking up the gas and water. In those days, these hook-ups required the joining of copper tubing by flaring the end of the tubing and using connectors that could be made fluid tight. The water was no real problem since a bad joint resulted in a “drip” which wasn’t lethal. The gas on the other hand really needed to be done correctly to avoid a messy explosion. The hook-up required getting gas to a wall “furnace”. In reality, the wall furnace would toast marshmallows but in no way would it provide heat three feet away. The problem here was that the “furnace” was on the living room wall and the bedroom was at the other end of the “blue beast”. I would guess most of you reading this column suffered through Physics in college and understand the problems involved with heating the bedroom from the living room, especially when there is not enough heat in the living room, Duh! Obviously, the problems here can be described as supply of things to the trailer which consisted of electricity, water, and gas to make life more or less tolerable for the inhabitants of the “blue beast”.

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