



Washington D.O.

Winter 2016

4700 42nd SW, Suite 530 / P.O. Box 16486 Seattle, WA 98116-0486
(206) 937-5358 FAX (206) 933-6529 / www.woma.org

Spring Seminar Features Best Practices in Pain Management

Because pain management is the still most requested topic in our needs assessment surveys and statistics indicate there is a need for more information, WOMA will feature Best Practices in Pain Management at its Spring Seminar on March 19, 2016 at PNWU in Yakima. The program is also being set up for livestreaming so those unable to attend in person may still earn Category 1-A credits by viewing in real-time from their computers.

The program will begin at 8:00 a.m. with Pharmacology Review of Long-Acting Opioids by **William Elliott, MD, PhD**. He will present information reflecting our current understanding of the pharmacokinetics of "short-acting" and "Long-acting" opioids. He will attempt to explain the pharmacological basis for tolerance and hyperalgesia with chronic use of these agents, and review contraindications and drug interactions with commonly-used opioids. He will also discuss the FDA's mandate that pharmaceutical manufacturers attempt to make these medications safer.

Lynda Williamson, DO will cover Opioid Treatment Agreements, AMDG Guidelines and the PMP. She will provide an essential overview of the new WA State guidelines (3rd edition, June 2015) for prescribing opioids and a review of current best practices in caring for people with pain. She will also provide an advanced look at pain management agreements as well as some tools available to physicians in Washington State.

A session on Conundrum of Pain and Addiction presented by **John Patz,**

DO, will explore the difficulties encountered in the provider/patient relationship as it relates to patients with co-occurring pain and substance abuse disorder. He will explore a safer approach to all patients prescribed pain medications using "universal precautions pain management". There will be a brief overview regarding using buprenorphine for pain management for patients exhibiting problematic behaviors.

Shorin Nemeth, DO, will provide two hours on the treatment of chronic non-malignant pain, a topic that is widely debated with very polarized views. The release of the CDC draft guidelines for Prescribing Opioids for Chronic Pain adds fuel to this debate. He will focus on appropriate use of long-acting opioids and touch on some of the literature focusing on the use of opioids for chronic non-malignant pain.

In his talk on Urine Toxicology Screening, **Geoffrey Baird, MD** will cover indications for, the use of, and the interpretation of urine drug testing for ensuring compliance with chronic opioid therapy. The current epidemic of prescription opioid abuse is fueled largely by diversion of clinically prescribed opioids, and the number of deaths from these prescription drugs outpaces deaths from illicit drugs. Rational testing algorithms for monitoring compliance with opioid therapy can detect aberrant usage patterns and aid in clinical management. He will discuss how best to test for compliance in this population, how to interpret the

results of these tests and how to avoid over-and under-testing.

David Hanscom, MD will cover two topics. The first, A Structured Approach to Solving Chronic Pain, will discuss how understanding the neurological underpinnings of chronic pain and the variables that affect it can make it possible to help patients resolve their pain. In Spine Surgery in the Presence of Chronic Pain, Dr. Hanscom discusses how spine surgery is not the definitive answer to low back pain, it has significant potential to worsen it. He will clarify structural versus non-structural problems and when spine surgery is indicated.

A Seminar registration brochure is available online to download or you may register online with a Visa or MasterCard at www.woma.org. Livestream registration will be available as we get closer to the event.

Note: Washington State requires those exceeding the mandatory consultation threshold of 120 MED to consult a pain specialist unless certain exemptions apply. One of the ways in which an osteopathic physician may prescribe without a consultation is to have successfully completed, within the last two years, a minimum of twelve continuing education hours on chronic pain management, with at least two of these hours dedicated to long acting opioids, to include methadone, or within the last three years, a minimum of eighteen continuing education hours on chronic pain management, with at least three of these hours dedicated to long acting opioids, to include methadone.

WOMA Physician of the Year

Each year at the annual convention, WOMA recognizes a member as Physician of the Year. The awardee is selected by the Board of Governors at their March 19th meeting.

The nominee must be a WOMA member who demonstrates

competency, compassion, mentorship and/or leadership in his/her community of health professionals.

Nominations will be accepted until March 10th. They may be made by colleagues, students, employees, employers, friends and family

members. If you have someone to nominate, please send a letter, including the reason for the nomination, to the WOMA office at PO Box 16486, Seattle, WA 98116-0486. You may also fax it to 206-933-6529 or email to kitter@woma.org.



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

Notice of Board Meetings

WOF Board Meeting
Saturday, March 19, 2016
6:15 p.m.

**WOMA Board of Governors
Dinner Meeting**
Saturday, March 19, 2016
6:30 p.m.

Yakima Oxford Suites
1701 E Yakima Ave
509-457-9000

WOMA Welcomes New Members

At its quarterly meeting held December 5, 2015, the WOMA Board of Governors approved the following member applications:

Active

John Patz, DO COMP'88
Mikki Seagren, DO ATSU'07
Diem-Phuong Tran, DO TU'99
Randy Wang, DO TU'11

Postgraduate

Eileen Domingo, DO COMO NW'15
D Chase Livingston, DO PNWU'15

Associate

Kenneth Scott Kime, DO OSU-COM'89

Getting to Know You

WOMA is pleased to welcome the following new active members:

John Patz, DO practices Primary Care and Addiction Medicine in Monroe. He is a 1988 graduate of Western U COMP. Her served a rotating internship at Tulsa Regional Medical Center and completed his residency at Providence Family Practice Residency, a University of Washington affiliate.

Mikki Seagren, DO is a 2007 graduate of ATSU. She completed a Phoenix Integrated Surgical Residency at Banner University Medical Center in 2012. She went on to Breast Surgical Oncology Fellowship at the University of California San Francisco Carol Franc Buck Breast Care Center. She practices general and breast surgery at Swedish in Seattle.

Diem Phuong Tran, DO received her DO degree from Touro University – Vallejo in 2009. She interned at North Colorado Medical Center in Greeley, CO and completed her family practice residency at Clarion Hospital, PA in 2013. She practices family medicine for Swedish at its Mill Creek Primary Care clinic in Everett.

Randy Wang, DO graduated from Touro University-Vallejo in 2011. He completed his training at the Central Washington Family Medicine Residency Program in Yakima in 2014. He is currently providing a full range of primary care services for a predominantly homeless population at the Neighborhood Health Clinic at the Pike Place Market in Seattle.

DO Advocacy in Olympia

On Tuesday, February 23rd more than sixty osteopathic physicians and medical students will head to Olympia in celebration of DO Day to talk to legislators about proposed legislation that will affect physicians' practices and reimbursement. There are many bills to talk about and as DO Day nears, a few will be chosen to discuss with legislators. Appointments are being made for participants who are registered voters in Washington – legislators enjoy meeting with their constituents. Those who are not Washington voters will be dropping off packets of information to those legislators who may not have constituents participating. This sometimes leads to an impromptu meeting with a legislator or aid which is always a bonus.

The public is invited to drop by DO Day headquarters in the Columbia Room of the Legislative (DOME) Building for free blood pressure checks and OMM demonstrations.

Legislators have also been invited to lunch with the DOs and students to provide additional times for them to talk.

If you have not signed up to attend and find that you are available to participate, please call Kathie Itter at 206-937-5358. If you are registered to vote in Washington, we will do our best to get you appointments with your legislators – they will make an extra effort to make time for a constituent.

Meaningful Use Not Ending for Medicaid

If you have recently read that Meaningful Use through the EHR Incentive Program will likely end in 2016, please note this only pertains to MEDICARE. In a notice sent February 1st, the Washington State Health Care Authority announced that the Medicaid Program is still set to go through 2021.

For any questions, please e-mail us at: Healthit@hca.wa.gov or visit our website at <http://www.healthit.wa.gov>.

CMS EHR Meaningful Use Hardship Exception - Public Policy

The Centers for Medicare and Medicaid Services (CMS) has released details of its new EHR Meaningful Use hardship exception process for physicians and other eligible professionals (EPs). These changes are a result of legislation (the Patient Access and Medicare Protection Act) that Congress passed shortly before the end of the year.

The new applications and instructions for a hardship exception from the Medicare Electronic Health Records Incentive Program 2017 payment adjustment are available here. Applications for a hardship exception are due to CMS by March 15. The new application process has been streamlined to reduce the amount of information that physicians must submit to apply for an exception.

The legislation passed in December established that the Secretary may consider providing blanket hardship exceptions for "categories" of EPs and eligible hospitals identified on CMS' website as of December 15, 2015. Prior to this law, CMS was required to review all applications on a "case-by-case" basis.

In addition, CMS will now allow groups of providers to apply for a hardship exception on a single application. Under the group application, multiple providers and provider types may apply together using a single submission. Providers will have the option to submit an electronic file (in excel or csv formats) with all National Provider Identifiers (NPIs) or CMS Certification Numbers (CCNs) for providers within the group or use a multiple NPI or CCN form to submit their application. In addition, facilities which include both inpatient and outpatient settings may include both the individual NPIs for any eligible professionals and the CCN for the eligible hospitals and CAHs on the same single submission for their organization.

The AOA is seeking further clarification from CMS on how blanket exceptions will be determined by the agency in this new process, and will provide additional details once they are established.

EHR Meaningful Use Deadline Extended— Or Learn How to Apply for New Hardship Exception

The deadline to attest to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program (Meaningful Use) for the 2015 performance year has been extended to March 11, 2016 from the original February 29 deadline.

But if you are not certain you can successfully attest to Meaningful Use Stage 1 or Stage 2 for the 2015 performance year, consider applying for a hardship exception. Due to significant advocacy efforts on this issue by the AOA over the past year, Congress passed legislation in late 2015 that makes it easier for physicians to qualify for a hardship exception for Medicare's EHR Meaningful Use program.

The application has been streamlined to make applying easier, with virtually no paperwork. To make it easier for DOs to apply, the AOA has published a step-by-step guide. The deadline to apply for a Medicare EHR Incentive Program hardship exception is March 15, 2016.

HCA and Partners Implement New Program

The Health Care Authority, in partnership with the Department of Social and Health Services/Children's Administration, is pleased to announce the implementation of a new managed care program designed to serve children and youth who are in the foster care and adoption support programs, and young adult alumni of the foster care program in Washington State. This program will be implemented on April 1, 2016, as part of a legislative mandate to provide better continuity and coordination of care to beneficiaries of these programs.

The contract to provide the Apple Health Foster Care program was awarded to Coordinated Care of Washington. Coordinated Care has extensive experience serving this population, having successfully operated a managed care program for children in foster care in the state of Texas since 2008.

Coordinated Care is working to expand their current provider network of medical professionals to serve the children and young adults in this new program. If you currently serve children in foster care but are not already a contracted provider with Coordinated Care, please contact them to join their provider network. For information on joining the Coordinated Care network please email

JoinFosterCareNetwork@CoordinatedCareHealth.com, or visit <http://www.coordinatedcarehealth.com/for-providers/become-a-provider/>, or call 253-442-1344.

If you have questions or comments for the Health Care Authority about this program, please send them to our managed care mailbox at hcamcprograms@hca.wa.gov.

HCA Provider Alert

Washington Apple Health (Medicaid), administered by the Health Care Authority (the agency), is aware of an ongoing billing issue with early refill codes. The agency is working on this issue and hopes to have it resolved as soon as possible. The following codes are affected:
Justification Description/Code
Lost or Stolen Drug Replacement/5
School or Camp/8
Monitoring/8
Suicidal Risk (SR)/8
Take Home Supply (SNF Client)/8

When using these codes, you should manually override claims for clients who meet the justification under pages 71 and 72 of the Prescription Drug Program Provider Guide.

For rejected claims, call the agency's Pharmacy Authorization department at 1-800-562-3022 ext. 15483 between 8:30 a.m. and 4:30 p.m. weekdays.

If a client's medical needs are urgent, based on the dispensing pharmacist's professional judgment, and you are unable to receive prior authorization by either fax or phone, the agency encourages you to follow its Emergency Fill Policy and obtain authorization after the fact when the Pharmacy Authorization department is available. If you have feedback or questions, please visit the HCA website for contact information.

Save the Dates!

103rd Annual Northwest Osteopathic Convention

June 23-28

Semiahmoo Resort Golf Spa & Conference Facility

Blaine, Washington



The program will provide 24 Hours of AOA Category 1-A CME covering topics in Endocrinology, Nephrology, Rheumatology, Dermatology, Allergy and Immunology, Cardiology, OMM, Neurology, and Professional Development. In response to the new laws in Washington State, we have added a talk on the Interface of Medicine and Recreational/Medical Marijuana. Your registration fee includes a web-based syllabus with power and Wi-Fi provided in the classroom. Also included are a Thursday night reception and all meals on Friday, Saturday and Sunday.

Semiahmoo is a spectacular seaside resort with free-time activities like golf at two award-winning courses and full-service spa and two on-site restaurants. **Packers Oyster Bar**, recently remodeled, provides casual fare at lunch, dinner and happy hour with oceanfront seafood and spirits and a view of the shimmering lights of White Rock, B.C. The Pierside Kitchen - serving breakfast and dinner daily – is the dining venue to come for a more upscale, seaside dining environment, featuring fresh, locally inspired products and awesome water views.

Please Join Us!



When class is over, enjoy Semiahmoo athletic facilities which include indoor and outdoor tennis courts and swimming pool, racquet ball courts and a complete health spa. The health spa provides many services, including facials, body treatments, nail and hair services as well as beverages and snacks.

The area has great biking/jogging trails. For avid shoppers, Semiahmoo is 20 minutes from Bellingham's Bellis Fair Mall and BC's seaside town of White Rock, or 45 minutes from Vancouver, B.C. Passports, NEXUS Cards or Enhanced Driver's License are required for re-entry into the US. Bike, kayak, scooter and boat rentals are available as are whale watching, island tours and charter fishing through local businesses.

Located 120 miles north of Seattle about 5 miles off of Interstate 5, Semiahmoo is located on the US Side of the Canadian Border. Depending on traffic, it is about a two-hour drive from Seattle. The nearest airport is Bellingham International Airport, about 25 miles south of Semiahmoo.

Golfers seeking an exceptional and scenic outing in Northern Washington State will find both Semiahmoo Golf & Country Club and Loomis Trail Golf Club awesome public course choices. Early booking of tee times is recommended. Both courses have been ranked in the Top 10 of 2014 Golf Week's Best Courses You Can Play!

Semiahmoo beaches provide children an opportunity to hunt small natural treasures or learn about Semiahmoo's fish cannery days dating back to 1894 by visiting the Drayton Harbor Maritime Museum. Take a ride across Drayton Harbor on the Plover Ferry (Washington's oldest passenger foot ferry), bike or skate on miles of pathways or take a swim in the indoor/outdoor pool.

You should make your **room reservations before May 23rd** to ensure that you get a room and at the WOMA rates. Go to www.semiahmoo.com, select the dates, select Special Codes and **insert WOMA2016** in the Group Code box. Select **Check Availability** and in the gray WOMA room box select **View Available Rooms**. You may also call their central reservation number at 855.917.3767 and book under the Washington Osteopathic Annual 2016 with the same code of WOMA2016.

Hosted by the Washington Osteopathic Medical Association, www.woma.org, 206-937-5358

To get on our CME distribution list, email hmattson@woma.org

Prescription Billing Issue

Washington Apple Health (Medicaid), administered by the Health Care Authority (the agency), is aware of an ongoing billing issue with early refill codes. The agency is working on this issue and hopes to have it resolved as soon as possible. The following codes are affected:

Justification Description -Code

Lost or stolen Drug Replacement -5
School or Camp -8
Monitoring -8
Suicidal Risk (SR) -8
Take Home Supply (Skilled Nursing Facility Client) -8

When using these codes, you should manually override claims for clients who meet the justification under pages 71 and 72 of the Prescription Drug Program Provider Guide. For rejected claims, call the agency's Pharmacy Authorization department at 1-800-562-3022 ext. 15483 between 8:30 a.m. and 4:30 p.m. weekdays.

If a client's medical needs are urgent, based on the dispensing pharmacist's professional judgment, and you are unable to receive prior authorization by either fax or phone, the agency encourages you to follow its Emergency Fill Policy and obtain authorization after the fact when the Pharmacy Authorization department is available.

The agency apologizes for any inconvenience.

NHSC Accepting Loan Repayment Applications

The 2016 National Health Service Corps (NHSC) Loan Repayment Program application cycle is open. Clinicians may earn up to \$50,000 in loan repayment for a two-year service commitment at an NHSC site. The payment is free from Federal income tax and is made at the beginning of service so you can more quickly pay down your loans. Approved sites are located across the U.S., in both urban and rural areas.

If you have student debt to pay off, you may want to consider participating in the NHSC Loan Repayment Program. Rural Health Clinics are eligible sites for fulfillment of the NHSC Loan repayment program, but your site must apply for approval. You are encouraged to contact the Corps to find out how you can make your RHC an approved National Health Service Corps loan repayment site.

After completing your initial service commitment, you can apply to extend your service and receive additional loan repayment assistance.

The amount you receive and length of your commitment depends on where you serve (service at sites in higher need areas yields greater loan repayments). It also depends on whether you select the full-time or half-time option.

For more information go to <http://nhsc.hrsa.gov/loanrepayment/loanrepaymentprogram.html>.

Student Loan Consolidation

Before considering reconsolidation of students loans, take a look at the fine print in those loans. If you are not careful, it could cost you. Students with federal loans who consolidate may lose benefits, such as interest rate discounts, fee waivers, loan forgiveness eligibility and rebates on the principal. They may also incur prepayment fees. Banks consider re-financed loans paid off and forgiven, which could cost a student a significant amount of money. The interest rate provided in a consolidated loan isn't always lower than the rate provided in the original loan. Once the federal loans are refinanced as private, ALL federal benefits are forfeited. If a person has refinanced their federal loans and finds themselves in an unexpected financial hardship, they cannot choose a different repayment option or request a forbearance.

If, after review of the possible impact of consolidation, you decide to proceed, you may want to take a look at SoFi. Variable rates that can be as low as 1.90% APR and fixed rates as low as 3.50% APR (with Autopay). All student loans (federal and private) may be refinanced into a single loan with one monthly payment. SoFi charges no origination fees and no prepayment penalties.

WOMA members and their families will receive a \$500 welcome through WOMA's member link with SoFi. Log in to <http://woma.org> with the email you provided to WOMA and your password. Select Member Benefits under the Membership tab.

Compassion Cultivation Workshop for Healthcare Professionals

One-Day Workshop on Saturday, February 27, 2016 from 9:00 am to 3:00 pm
Location: 8th + Olive Building
720 Olive Way, Seattle, WA
Lobby Training Room
Cost: \$125

To register, visit <http://www.compassioncultivationworkshop.eventbrite.com>

Co-taught by Nancy Isenberg MD and Diane Hetrick PT,
Certified Instructors in Compassion Cultivation Training from the
Center for Compassion, Altruism, Research and Education, Stanford University

For more information, visit <http://wphp.org/wellness/>
For questions, email wellness@wphp.org

Services that enhance a physician's health so they are better able to help others.

Legislative Update

The Washington Osteopathic Medical Association (WOMA) promotes and protects the osteopathic medical profession and the interests of the patients served by it in Washington State. Patient access to quality care, the ability of DOs to provide such care and a strong patient physician relationship are important to the health care policy making process. And, solid public policy promotes physician-led team based care. Thanks to the collaborative efforts of dedicated WOMA leadership, State policymakers are increasingly seeking the DO perspective, providing a platform to advocate for the osteopathic profession. Lawmaking is an important part of this work.

Following is a sampling of the bills WOMA has been monitoring this legislative session. These are still alive, but if not passed out of their house of origin by 5:00 p.m. on February 17th will be dead.

HB 1275

If approved, the current board of six DOs and one public member will be increased to eight DOs, two public members and a DO physician assistant. The number of licensed DOs has more than tripled since the board was established, significantly increasing the work load for case management and hearings. The increase in board members will increase efficiency in their work. *Support*

SHB 2319

Requires health care service contractors to continue to cover prescription drugs for enrollees under certain circumstances.

Prohibits health care service contractors from increasing out-of-pocket costs for prescription drugs under certain circumstances. *Support*

HB 2332

Removes the expiration date on provisions requiring carriers to file provider contracts and compensation agreements with the Office of the Insurance Commissioner. *Background.* Prior to July 28, 2013, health care service contractors and health maintenance organizations were required to file their provider contract forms with the Insurance Commissioner (Commissioner). The Commissioner could approve the forms for immediate use. If the Commissioner took no action within

15 days, the forms were deemed approved, unless the Commissioner invoked a 15-day extension. Beginning July 28, 2013, all carriers were required to file all provider contracts and provider compensation agreements with the Commissioner 30 days before use. A provider contract and its related compensation agreements are deemed approved if the Commissioner does not disapprove them within the 30-day period; the Commissioner may extend the 30-day period by 15 days. Provider compensation agreements are confidential and not subject to public inspection and copying if filed through the system for electronic rate and form filings and the Commissioner's general filing instructions. The provisions relating to provider contracts and compensation agreements expire on July 1, 2017, after which the requirements relating to provider contract forms, as they existed prior to July 28, 2013, will go back into effect.

Support

2SHB2335

Requires health care providers to submit credentialing applications to a single credentialing database and requires health carriers to accept and manage credentialing application from the same database. Provides that health carriers have up to 90 days to make a determination regarding the approval or denial of a provider's credentialing application. Provides that after June 1, 2020, the average response for the health carrier to make a determination regarding the approval or denial of a provider's credentialing application must not exceed 60 days. *Support*

HB2350

Adds "retrieval" to the definition for "administer" with regard to the retrieval of medication and its application to a patient by medical assistants. *Support*

HB2432

Requires the state board of osteopathic medicine and surgery to enter into a contract with a voluntary substance abuse monitoring program when implementing an impaired osteopathic practitioner program. Increases the surcharge for new licenses and license renewals for osteopathic physician assistants to \$50. *Support*

SHB2448

Requires the Department of Health (DOH), in consultation with the East Asian Medicine Advisory Committee, to adopt rules regarding the definition of point injection therapy and substances administered as part of point injection therapy. Includes East Asian medicine practitioners in the definition of "practitioner" under the Legend Drug Act. Requires the DOH to adopt rules to specify the training necessary to provide point injection therapy. *Monitoring*

SHB2452

Provides for the State of Washington to join the Interstate Medical License Compact. *While WOMA appreciates the Legislature's approval of its request to limit responsibility of cost overruns to those licensed through the Compact, it opposes approval of a bill creating an alternative licensing program for which the costs are unknown.*

HB2458

Except in limited situations, the Pharmacy Quality Assurance Commission prohibits pharmacists from accepting drugs and supplies for return or exchange after they have been removed from the premises where they were sold, distributed, or dispensed. Exceptions apply to drugs that have been dispensed in unit dose forms or in a sealed ampoule that allows the pharmacist to determine if it has been tampered with and that it meets standards for storage conditions, including temperature, light sensitivity, and chemical and physical stability. In addition, pharmacies serving hospitals and long-term care facilities may accept drugs for return and reuse under similar circumstances. Controlled substances may not be returned to a pharmacy except to be destroyed. There are liability protections for entities that donate, accept, or distribute prescription drugs that have been exchanged through a drug donation program. Under the program, practitioners, pharmacists, medical facilities, drug manufacturers, and drug wholesalers may donate prescription drugs for redistribution without compensation. The drugs must meet specific packaging standards and pharmacist review requirements. Approved drugs may be

Continued on page 8

Continued from page 7

distributed to any patient, but priority is given to patients who are uninsured. Individual persons and their representatives are added to the types of donors who may donate unused drugs to a pharmacy for redistribution under the prescription drug donation program. Individual persons who wish to donate to the program must complete and sign a donor form, developed by the Department of Health, to authorize the release and certify that the donated prescription drugs have not been opened, used, adulterated, or misbranded. A pharmacist must, in his or her professional judgment, determine that the drugs were stored under required temperature conditions using the drugs' time temperature indicator information. The term "time temperature indicator" means a device or smart label that shows the accumulated time-temperature history of a product through the entire supply chain. The term "uninsured" is defined as a person who either: (1) does not have health insurance; or (2) has health insurance, but that insurance does not include coverage for a drug that has been prescribed to the person. *Support*

SHB2681

The substitute bill removes provisions related to the authorization of pharmacists to prescribe self-administered hormonal contraceptives; authorizes the state health officer or a county health officer to enter into collaborative drug therapy agreements with pharmacists in order for the pharmacists to initiate or modify drug therapy related to self-administered hormonal contraception; removes the definition of "self-administered hormonal contraceptive"; modifies the definition of "practice of pharmacy" to include the initiation or modification of drug therapy related to self-administered hormonal contraceptives in accordance with a collaborative drug therapy agreement with the state health officer of a county health officer; and requires the Pharmacy Commission to develop a sign or sticker for the door or window of participating pharmacies to increase awareness of pharmacies that are able to prescribe self-administered hormonal contraceptives. *Oppose*

SHB2725

A pharmacist may dispense a prescription drug to a patient with an

expired prescription if: (1) reasonable efforts to contact the prescribing practitioner were unsuccessful; (2) the patient has been on a consistent drug therapy; (3) the drug is not a controlled substance; and (4) the original prescription does not indicate any restriction or limitation by the practitioner. The amount may not exceed a seven day supply or the minimum packaging size that cannot be broken. A pharmacist must promptly notify the prescriber that the patient's expired prescription has been refilled. A pharmacist may not dispense drugs to the same patient without a prescription within a 12 month period. It is specified that the exception does not limit the terms of a collaborative drug therapy agreement or alter the authority of the Pharmacy Quality Assurance Commission to allow for other exceptions to the prescription requirement. *Monitoring*

SHB2730

The substitute bill eliminates the requirement that prescribers query the PMP prior to prescribing a schedule II or III controlled substance for non-cancer chronic or intractable pain; expands access to the PMP to include health care facilities or entities, instead of the personnel of such facilities or entities; and expands access to the PMP to include health care provider groups of five or more providers. *Support*

SHB2865

Requires a hospital and other approved facilities, before granting or renewing clinical privileges or association of an advanced registered nurse practitioner or a physician assistant, to request certain information from the advanced registered nurse practitioner or the physician assistant. Requires the medical quality assurance commission or the board of osteopathic medicine and surgery to be advised within thirty days of the name of a physician assistant denied staff privileges, association, or employment on the basis of adverse findings. Requires the nursing care quality assurance commission to be advised within thirty days of the name of an advanced registered nurse practitioner denied staff privileges or association on the basis of adverse findings. *Support*

SB5145

Requires at least one member of the Health Technology Clinical Committee (Committee) to be appointed from

nominations submitted by the Washington Osteopathic Medical Association or the Washington State Medical Association. Requires that any rotating clinical expert selected to advise the Committee be a non-voting member. *Support*

SB6156

Delays the termination and repeal, under the sunset act, of the qui tam provisions of the Medicaid fraud false claims act. The bulk of the bill is not objectionable. The qui tam provisions allow an individual to report suspected fraud to the Attorney General (AG), and the AG is obligated to investigate the reports. If the AG decides not to go forward, the individual can go forward separately. The prospects for high-quality cases are minimal after the AG has decided not to file a case, but the costs to providers are heavy both financially and on their reputations. The bill is unbalanced. The attorney's fees and costs provisions are skewed in favor of relators to the detriment of defendants. Even when a defendant wins, the standard for attorney's fees and costs is unreachable. Plaintiffs get fees and costs and defendants never do. *Oppose*

SB6203

Updates statutes relating to the practice of pharmacy including the practice of pharmacy in long-term care settings. Codifies current practices to ensure patients in long-term care settings will receive timely and safe access to their medications which will lead to improved outcomes and efficiencies by allowing staff to work as a team. *Support*

SB6445

Physician assistants and osteopathic physician assistants are added throughout the mental health code alongside references to psychiatrists, physicians, and psychiatric advanced registered nurse practitioners. They are able to sign a petition for involuntary detention of a patient if his or her supervising physician is able to review the petition before it is filed. Both physician assistants and osteopathic physician assistants may provide services that they are competent to perform based on their education, training, and experience and that are consistent with their delegation agreement. Physician assistants may not practice beyond the scope of their supervising physician's own scope of expertise and practice. *Support*

2016 WOMA Convention Returns to Improved Semiahmoo

The WOMA CME Committee has been working hard to finalize the 2016 program. Topics have been determined and we are awaiting speaker's confirmations. The program starts at 1:00 p.m. on Thursday, June 23rd and ends at 12:30 p.m. on Sunday, June 26th.

WOMA's Executive Director Kathie Itter met recently with Semiahmoo staff to discuss concerns from last year. The meeting revealed several changes which will make this year's meeting more enjoyable. Renovations are now complete. Banquets and housekeeping staff are under new management and are determined to make your stay as pleasant as possible.

A new executive chef, who came from the Vancouver, B.C. Four Seasons Hotel, is an award-winning pastry chef. He is also very cognizant of special dietary needs and will provide delicious alternative meals for those with food allergies and vegan/vegetarian preferences.

While almost all meals are provided in the physician and spouse/guest registration packages, for family members who prefer other options, the resort has the Packers Oyster Bar and the Pierside Restaurant. They have added a poolside beverage and snack café in the Spa.

Convention brochures will be available in March. In the meantime, if you would like to reserve your Semiahmoo room now, you may do so online at www.semiahmoo.com using the **Group Code WOMA2016** or call **855.917.3767**. Be sure to ask for the WOMA rate to receive a waiver of the \$15 per night resort fee. Rooms start at \$169 for Classic and \$179 for Waterview.

**MAKE YOUR SEMIAHMOO
RESERVATIONS NOW!**
**This is peak season and the
WOMA room rate (including
waiver of the \$15 per night
resort fee) is not guaranteed
after May 22nd.**

Board Vacancies

Board of Nursing Home Administrators

The Department of Health is recruiting for three positions for the Board of Nursing Home Administrators. The board operates under a legislative mandate to protect the health and to promote the welfare of the state by regulating the competency and quality of nursing home administrators under their jurisdiction.

Vacancies: Two vacancies are for either: A representative of a health care profession providing medical or nursing services in nursing homes who are privately or self-employed, or A person employed by an educational institution who has special knowledge or expertise in the field of health care administration, health care education or long-term care or both, or care of the aged and chronically ill. One vacancy is for a nursing home administrator licensed in the state of Washington who has at least four years' experience in the administration of a licensed nursing home in this state. This experience must immediately precede application for the board. This member cannot be employed by the state or federal government.

The board meets four times a year. Three meetings are at the Department of Health office in Tumwater and one meeting is in Eastern Washington. Board members are reimbursed for travel expenses, and are paid \$50 per day. A recruitment notice is attached and more information about the board is available at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/NursingHomeAdministrator/BoardInformation.aspx>.

You can obtain the application at: <http://www.governor.wa.gov/boards/default.aspx>. Please submit applications by March 21, 2016.

If you have any questions about serving on the board, please contact Kendra Pitzler at kendra.pitzler@doh.wa.gov or 360-236-4723.

Board of Osteopathic Medicine and Surgery

The Board of Osteopathic Medicine and Surgery will have a vacancy when the term of Shannon Markegard, DO expires on July 1, 2016. And, if proposed legislation to increase the number of board members is approved, two more osteopathic physicians, an additional public member and a physician assistant licensed by the board will be needed. All positions are appointed by Governor Inslee.

Physician members must have been in active practice as a licensed osteopathic physician and surgeon in Washington for at least five years immediately preceding appointment. All members must be U.S. citizens and must be Washington residents.

Expectation guidelines for current and prospective appointees of the board: Attend regular board meetings every two months during business hours on Fridays. There is also Department of Health one-day Board, Commission, and Committee conference; Participate in telephone conferences to close cases. These take about two hours and are usually done between board meetings; Participate in settlement conferences with respondent's attorney, staff attorney and/or board staff. Usually held 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; Participate on hearing panels from one day to several days, two to three times per year. Hearings may be held in the respondent's practice area to accommodate witnesses. A panel of three board members is generally utilized to hear disciplinary cases. All board members are not required to participate in every hearing; Prepare for all meetings by reading materials sent one to two weeks in advance of the scheduled meeting date. The packets take an average of two to four hours to read prior to each business meeting. In addition, between eight and 24 hours are spent reviewing complaint files prior to each meeting; Assist newly appointed board members as necessary.

You may apply online at <https://fortress.wa.gov/es/governor/boardsapplication>

Contact Brett Cain, Program Manager at 360-236-4766 or brett.cain@doh.wa.gov for more information.

AOA Specialty CME Policy – REVISED – Open for Public Comment

New proposed changes to the **AOA Specialty Continuing Medical Education (CME) Policy** have been posted on the AOA website for public comment. Your review and comment is appreciated.

AOA board certified physicians are required to earn credits in their primary specialty in each three-year continuing medical education (CME) cycle. These credits may be earned in Category 1 or Category 2.

Educational programs in the area of a board certified physician's specialty are essential to ensuring that osteopathic physicians maintain currency in their chosen specialty. Specialty CME is also required as part of Osteopathic Continuous Certification (OCC), which is the AOA's maintenance of certification program.

Physician Responsibilities

In each 3-year CME cycle, physicians must earn a minimum of 50 specialty CME credits in each primary specialty held, which may be in Category 1 or 2. These credits will also meet part of the minimum CME requirements for AOA membership.

For physicians holding certification(s) of added qualifications (CAQs), a minimum of 50 specialty CME credits must still be earned, but a minimum of 25% of the credits must be earned at the level of the CAQ.

Specialty CME Program Requirements

To be deemed acceptable as specialty CME, the educational lecture must:

1. Be presented by an AOA or ABMS board certified physician in the **specialty topic** being discussed. THERE ARE NO EXCEPTIONS FOR UNITED STATES TRAINED AND AMERICAN BOARD CERTIFIED PHYSICIANS. (exceptions for other qualified presenters may be reviewed by the specialty certifying board's CME Advisory Subcommittee on a case-by-case basis)

a. EXCEPTIONS FOR OTHER QUALIFIED (E.G., FOREIGN-TRAINED

PHYSICIANS AND NON-PHYSICIANS) PRESENTERS MAY BE REVIEWED BY THE SPECIALTY CERTIFYING BOARD'S CME ADVISORY COMMITTEE ON A CASE-BY-CASE BASIS. THE RESPECTIVE CME ADVISORY SUBCOMMITTEE SHOULD DOCUMENT THE CRITERIA FOR GRANTING AN EXCEPTION FOR SUCH INDIVIDUALS.

b. PRESENTATIONS BY PHYSICIANS CURRENTLY PARTICIPATING IN AN ACCREDITED CLINICAL OR RESEARCH FELLOWSHIP PROGRAM WOULD BE CONSIDERED ACCEPTABLE FOR SPECIALTY CME CREDIT.

c. PRESENTATION BY INDIVIDUALS WHO ARE CURRENT FACULTY MEMBERS OF COLLEGES OF OSTEOPATHIC MEDICINE WILL BE CONSIDERED ACCEPTABLE FOR SPECIALTY CME CREDIT.

2. Cover topic(s) of concern to osteopathic physicians certified in the specialty for which specialty CME is sought

Recording of Specialty CME Credits

In addition to providing participants with a certificate of attendance, accredited CME Sponsors must provide a roster of attendance to the AOA Division of CME. The sponsor also includes the number of credits which should be applied as specialty CME for applicable board certified attendees. Questions should be submitted to the AOA Division of CME. The specialty certifying board and/or the BOS Specialty CME Committee will review all questions about submissions.

CME providers may also request pre-approval of specialty CME based on presenter qualifications and learning objectives.

For CME activities not accredited by the AOA, member physicians must submit the certificate of attendance to the AOA Division of CME. Physicians should allow up to two weeks for the CME to appear on their CME Activity Report, and more time

if submitted at the end of the CME cycle. If requesting specialty CME for a subspecialty, member physicians may submit a request form, with information about the activity, to the AOA Division of Certification.

Application of Specialty CME Credits

The AOA Board of Trustees has approved policy regarding the number of credits which may be applied as specialty CME for each cycle. In addition, specialty certifying boards have elected the number of AMA PRA Category 1 Credits™ or AAFP credits for formal teaching in the specialty, and credits for standardized life support courses which can be applied in each 3-year CME cycle.

Appeal Process

Each AOA specialty certifying board has also established a CME Advisory Subcommittee, which addresses questions or concerns about the way in which specialty CME has been applied.

Diplomates may appeal to the BOS for CME that has not been approved by their specialty certifying board, but must demonstrate how the specialty CME activity has applied to the improvement of their practice as an osteopathic physician.

Requests for Review

Request forms for pre-approval and post-approval of activities are available by request to the Division of Certification at certification@osteopathic.org.

Note

Failure to meet the AOA specialty CME requirement is interpreted as a failure to meet the individual physician's CME requirement. This could result in the loss of AOA board certification.

Please contact Jeff Kramer at jkramer@osteopathic.org with any questions.

Code	Approved Specialty CME Credits 2016-2019 Description	Max. # of Credits
1	Annual OMED Conference and Exposition	Determined Annually
2	AIDS Seminars (Osteopathic and Allopathic)	5
3	Risk Management / Patient Safety	5
4	Ethics	0
5	AOA Specialty College Conferences &	ALL
6	AOA State Society Seminars	ALL
7	Medical Journals / Home Study Courses	20
8	Scientific	5
9	AMA/AAFP Courses	Specified by Board
10	Formal Teaching in the Specialty	Specified by Board
11	Standardized Life Support	Specified by Board
12	Specialty Certifying Board Test Construction	15
13	Publications	15
14	Healthcare Facility Meetings	0
15	Hospital Inspections	0
16	Acute Care Hospital Programs	ALL
17	College of Osteopathic Medicine (COM)	ALL
18	Osteopathic Foundation Seminars	ALL
19	Osteopathic Preceptoring	Specified by Board
20	Test Construction / Administering Oral & Practical	10

See the chart below for maximum number of credits specified by board

Board	#9 AMA/AFP Courses	#10 Formal Teaching in Specialty	#11 Standardized Life Support	#19 Osteopathic Precepting
AOBD	25	25	5	0
AOBEM	25	25	14	15
AOBFP	10 25	25	5	25
AOBIM	25	25	0	25
AOBNM	50	50	ALL	0
AOBNMM	5	50	5	25
AOBNP	25	25	5	25
AOBOG	50	17 max/yr	ALL	25
AOBOO	50	50	ALL	25
AOBOS	50	50	5	25
AOBPa	50	50	ALL	25
AOBP	50	50	ALL	25
AOBPM	50	50	ALL	25
AOBPMR	25	25	5	25
AOBPr	50	50	5	25
AOBR	50	50	ALL	25
AOBS	50	50	ALL	25

Calendar of Events

DO Day In Olympia
February 23, 2016

AOA House of Delegates
July 21-24
Chicago Marriott

WOMA Spring Seminar
Best Practices in Pain Management
Saturday March 19, 2016
PNWU, Yakima

OMED (AOA Convention)
September 17-20
Anaheim

103rd Annual NW Osteopathic Convention
June 23-26, 2016
Semiahmoo, Blaine

Five Common Coding Mistakes

Something you should know: The five common coding mistakes that may be costing your practice money

- 1) Using outdated codes on encounter forms
- 2) Using codes that do not indicate medical necessity. Note; Check your NCCI edits to prevent this
- 3) Using default codes/always billing the same codes. Note: each patient visit needs to be evaluated and coded appropriately based on the services provided. Undercoding and overcoding are both inappropriate behaviors.
- 4) Using the wrong modifier Note: most inappropriately used modifiers are Modifier 24, Modifier 25, and Modifier 59.
- 5) Inappropriate linking of medical codes to services provided

According to the website www.askamedicalbiller.com the above coding mistakes can cost your practice thousands of dollars each year. Prevent them in your office by double checking each claim before it leaves your office. Visit the AOA Practice Management Tips page to view additional tips to help in the day to day operations of your office.



Bear Droppings...

by Loren H. Rex, D.O.

In doing some of my research for this column, I came to some conclusions. One of these is my brother Charles was not only a unique character, he had some unique things happen to him in his life time. As far as I could tell, he is the only person, I could find, that ever lost a 1963 Corvette and an age indeterminate Chimpanzee, in a divorce settlement. I found several interesting "settlements" listed on the internet but none quite like this one. I don't remember how "Debbie", her given name, entered his life but it probably was an interesting turn of events. In the years I was privileged to know him, I saw several denizens of the animal world pass through his life leaving interesting stories in their wake. However, I would not see animals as the basis for the most interesting stories that come to mind when I think of him. I had two brothers and without a doubt he was my favorite of the two and he certainly was the more interesting of the two. Before going farther, please allow me to insert a "mea culpa" and a bit of historical perspective concerning this column. I'm sure some of you are deeply offended by my lack of guilt concerning my choice for this column. Pan Troglodytes is named the Chimpanzee; Debbie was a member of this family. When you look at DNA, we are them and they are us. Do I wish chimps had been treated better in the past; of course I do. Do I feel bad about how Debbie was treated when she was in Charles care; no I do not! I have no idea how she was treated after the divorce. Charles lived in a fifth wheel trailer built like an RV and Debbie occupied the front portion of the rig. As much as possible Debbie was allowed out of her home (read cage) and got to interface with the real world. This included two shows daily and one on Sunday; this was just like the rest of us. Although arguments on cages could be debated; aren't we all in cages of our own? Winter Quarters

for the show was Hugo Oklahoma and in those days, Hugo was the winter home of three Circuses and unusual sights involving things like strange animals and circus performances at schools was common. It was not uncommon for show people to take some strange animal with them when they went shopping et-cetera. Therefore, it was not a rare sight when someone with a Chimp was spotted shopping in the Piggly Wiggly Supermarket or the Lone Star Tavern. Since Debbie was well behaved, she was taken out a lot and was well known and quite a hit with the locals all over town.

A trip to the Lone Star was always a great night out. Debbie wasn't capable of serious play on a pin ball machine but she loved the noise and flashing light of the machines of the day. Remember this was circa. 1955 more or less and before the jokes we now have to play on. Yes Virginia, I consider myself to be a true "Guncher" so you can look that one up and decide if you have some spare cash you don't need; if so give me a call. Debbie was, however, a huge fan of the Juke Box and every one gathered round to watch her ministrations to get the thing to work. While seemingly unaware of the value of coinage, in those days the Juke Box was 5 cents or 6 plays for a quarter, she had figured out how to place a coin in the slot to start the process of making the machine work. Generally, Debbie would try and pull you toward the target Juke Box and someone would be quick to join the parade and try to be the first to give her a coin to insert. Although she did lack somewhat in the fine motor control needed to hit the slot, depending on the time of night, so did everyone else. So, when she finally got the coin placed in the slot, this colorful but quiet machine would suddenly spring to life with a cascade of sounds which would be followed by a blood curdling scream emanating from a

primate who had just accomplished something between the scoring of food and a successful bowel movement. Next came the smacking of lips and a succession of hip and knee flexions as she demonstrated to the crowd some no doubt primal display of the move toward Alpha position and successful domination over the assembled crowd. Next came the stage of beating the keyboard of the machine until, completely by accident, she would manage to get a combination which would activate the machine to play some random selection. This would be followed by the initial "success display" looking calm compared to the current display when the music started. Apparently this would never grow old to Debbie but the crowd tended to tire of this ritual pretty quickly since the crowd usually did not contain much new blood and had seen this show many times before. So it was last call for Debbie and the assembled group but everyone agreed, a good time was had by all and Debbie was welcome back anytime.

So we had a look at the strange divorce settlement and I can tell you this, Charles was a lot more upset about losing Debbie than he was about the corvette or the first wife. I feel I would be remiss if I didn't warn you there are a plethora of stories that could be told about Charles and his animal acts. A great story would describe the worst dog act ever to perform under canvas or for that matter under anything. In the meantime, keep your eyes open and watching for a Chimpanzee behind the wheel of a red 1963 Corvette Stingray maybe coming to a road near you.

Bear