WASHINGTON ASSOCIATION OSTEOPATHIC MEDICAL WOMA

Washington D.O.

FALL 2016

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

Osteopathic Advocacy Win – Local Coverage Determination Respects OMT

The National Government Services (NGS) will put in place policy to appropriately pay for OMT for Medicare beneficiaries. Specifically, NGS issued its final newly revised Local Coverage Determination (LCD) for OMT. The LCD utilizes more than 90 percent of the language the AOA proposed for OMT coverage as part of our extensive comment letter and redline LCD submitted to NGS.

In June, NGS, a Medicare contractor, released a proposed LCD for OMT. The proposal would update existing coverage policy for OMT in 10 states (CT, IL, MA, ME, MN, NH, NY, RI, VT, and WI). Unfortunately, the NGS proposal would have imposed unnecessary barriers to our delivery of OMT during a time when we should be promoting it to treat pain more than ever

Despite years of work with NGS, the proposal and its timing came as a surprise to the profession. Nonetheless, the AOA quickly responded by engaging affiliate partners and by activating members in a grassroots advocacy campaign – SaveOMT. Over the course of two months over 5,000 DOs, osteopathic medical students, and patients engaged in grassroots advocacy through the SaveOMT campaign expressing loud opposition to the proposed rule change by NGS that would have made it nearly impossible for DOs in those 10 states to bill Medicare for an office visit when OMT is performed.

The release of the final LCD is an outstanding victory for osteopathic medicine and ultimately a victory for our patients who ask for OMT and want the benefits from its application. The profession again rose to the call-to-duty, and was victorious as we championed an issue so important to our osteopathic identity.

Licensing Board Welcomes New Member

Shannon Dramis-Phipps, DO was recently appointed by Governor Jay Inslee to serve a five-year term on the Board of Osteopathic Medicine and Surgery. Dr. Phipps attained her Doctor of Osteopathic Medicine (DO) at Ohio University of Osteopathic Medicine in Athens, OH. She completed her Emergency Medicine Residency at Albert Einstein Medical Center, Philadelphia, PA and a Family Practice Residency at Columbia Hospital in West Palm Beach, FL. She completed her Medical Acupuncture training at Helms Medical Institute in Berkeley, CA.

She is Board certified by the American Osteopathic Board of Family Practice in Family Medicine and OMT.

Dr. Phipps practices Family Medicine at Kadlec Clinic - West Kennewick Family Care in Kennewick.

Fall Seminar Provides Specialty Credits

WOMA's Fall seminar, Rheumatology Update for Primary Care, has been approved for the following AOA Category 1-A Specialty Credits:

AOBFP: Family Medicine/OMT – 8
AOBNMM: Neuromusculoskeletal Medicine/OMM – 8
AOBIM General Internal Medicine – 6
AOBIM Rheumatology – 5

This Live activity, Rheumatology Update for Primary Care, with a beginning date of 11/05/2016, has been reviewed and is acceptable for up to 8.00 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Topics being presented are:

RheumatologyPrimer
Rheumatologic Workup in Primary Care
DMARDS and Biologics
Managing Complications and Co-Morbidities in Rheumatology Patients
Rheumatologic Emergencies
Psoriatic Arthritis
Current Clinical Knowledge & Evidence of the Diagnosis of Fibromyalgia
Use of OMM in Diagnosis and Treatment of Fibromyalgia and Rheumatology Patients
Behavioral Health Issues for the Rheumatology Patient with Case Studies

Presenting are Michael Coan, DO, William Elliott, MD, PhD, Shawn Macalester, DO, Paul Brown, MD, Richard Koss, DO and Paul Schneider, PhD.

For more information go to www.woma.org.

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

Meetings Notice

December 3, 2016
CME Committee 8:30 to 9:30 a.m.
WOMA Planning Meeting 10:00 to 11:30 a.m.
WOMA Board of Governors 12:30 to 2:00 p.m.
WOF Board 2:15 to 3:00 p.m.

All meetings will take place at the WOMA office in West Seattle and by teleconference.

Getting to Know You

We are pleased to welcome the following new Active Members to WOMA:

Jennifer Barber, DO is a PCOM graduate who did her postgraduate training in Family Medicine at the US Naval Hospital in Jacksonville, FL. Prior to her employment as a family medicine physician at the Everett Clinic's Smokey Point satellite she served four years as Clinical Supervisor of Health Services aboard the USS Nimitz.

Gelar Paul Biscaro, DO graduate from PNWU in 2013 and received his internship and family medicine residency training at Sollus Northwest Family Medicine in Grandview. He practices family medicine at the Yakima Valley Farmworkers Clinic in Prosser.

David Escobar, DO, also a 2013 graduate of PNWU, did his postgraduate training at Skagit Regional Family Medicine Residency program. He provides full spectrum family medicine with obstetrics and OMT at the Skagit Stanwood Clinic. He has been very active in WOMA and currently serves as Chair of the Department of Public Affairs.

Robert Nooney, DO is a 1987 graduate of COMP. His internship and residency were served at Grandview Hospital in Dayton, OH, followed by a fellowship at Sports Medicine Clinic in Seattle. His practice in Olympia is focused is Family Medicine, Weight Loss and Sports Medicine.

Grant Schmidt, DO graduated from OUCOM in 1996. He completed a rotating internship at Firelands Community Hospital in Sandusky, OH and a family medicine residency at Southern Ohio Medical Center in Portsmouth, OH. He works for the Everett Clinic with a focus on Urgent Care.

Joseph Stengel, DO graduated from AZCOM in 2002. His postgraduate training includes a transitional internship at Banner Good Samaritan Medical Center in Phoenix, a radiology residency at the Cleveland Clinic and an abdominal imaging fellowship at UC San Francisco. He is currently Chair of the Department of Diagnostic Services for Grays Harbor Community Hospital (since 2011), a staff radiologist with South Sound Radiologists, P.S. (since 2008) and the Assistant Clinical Professor of Radiology (WOS) for the Department of Radiology and Biomedical Imaging for the Abdominal Imaging and Ultrasound Section of the University of California San Francisco. Dr. Stengel also serves as Regional Assistant Dean and Adjunct Associate Clinical Professor for PNWU and is responsible for the development and oversight of the Aberdeen region. He works with Adjunct Clinical Faculty and provides mentoring and management of students assigned to the Aberdeen region.

WPHP 2016 Wellness Program

Seattle Mindfulness Based Stress Reduction Workshops and Classes (in partnership with Mindfulness Northwest)

The Mindfulness for Healthcare Professionals is designed to promote mental health by engaging the mind and the body through experiential learning. The course is adapted from Jon Kabat-Zinn's Mindfulness-Based Stress Reduction. As defined by Dr. Zinn, "Mindfulness is paying attention, on purpose, to the present moment, non-judgmentally." Mindfulness is an excellent antidote to the stresses of a modern medical practice as it invites us to stop, breathe, observe, and connect with one's inner experience.

Winter

Meeting Mindfulness Workshop, Sunday January 8th, 9am – 4pm.
Mindfulness for Healthcare Professionals: Five Session Program. Sundays, 6pm-8:30pm, January 29th – February 26th.

Spring

Meeting Mindfulness Workshop, Sunday April 23rd, 9am – 4pm.
·Mindfulness for Healthcare Professionals: Five Session Program. Sundays, 6pm-8:30pm, May 7th - June 11th.

Workshop registration ($150): http://www.mindfulnessnorthwest.com/event-2306908

5-week program registration ($250): http://www.mindfulnessnorthwest.com/event-2306899

Classes are open to health care professionals and their spouses/ partners.

For more information about future offerings please visit our website: www.wphp.org/wellness/

WOMA Welcomes New Members

At its quarterly meting held September 10th, the Board of Governors approved the following membership applications:

Active

Jennifer Barber, DO PCOM'09
Gela Paul Biscaro, DO PNWU'13
David Escobar, DO PNWU'13
Robert Nooney, DO COMP'87
Grant Schmidt, DO OUCOM'96
Joseph Stengel, DO AZCOM'02

Associate Military

Chad Douglas, DO PNWU'13

Post Graduate

Stacy Brueckner, DO COMPNW'16
Michelle Drobny, DO COMPNW'16
Shirin Fazel-Hashemi, DO PNWU'16
Ian Hallows, DO PNWU'16
Vihango Hindagolla, DO PNWU'16
Alexandria McKay, DO DMU'14
Erick Roff, DO KCOM'16
Jason Schend, DO PNWU'15
Karen Schowalter, DO PNWU'16
Xin Wei, DO PNWU'16

Student

Marissa Haberlach TU-CA'18
Joshua Lider ATSU-SOMA'18

PNWU Class of 2020

Charlee Abbond
Joshua Albright
Nathaniel Allen-Slaba
Nina Andersen
Spencer Ashcraft
Ann Asmussen
Manon Begert
Andrew Bergloff
Heather Bird
Jennifer Bolton
Devin Bradshaw
Nicole Brancel
Gurkirat Brar
Justin Burnham
Jenna Cacchillo
Ryan Carfi
Zachary Chandler
Linsey Christensen
Lauren Craig
An Dao
Ulyana Dashkevych
Preston Deltan
James Dibb
Sheridan Eckart
Austin Eggel
Stephanie Egwuatu
Christopher Fortier
Ashley Fowler
Michael Fox
Ashley Frantz
Ryan Gienapp
Isaac Ginsberg
Kate Golding
Jake Graffe
Sarah Green
Jacob Groen
James Grow
Alyssa Hajarizadeh
Zachary Hanson
Marc Hartung
Es-Haq Hassanin
Alex Hernendez
Larissa Hurd
Matthew Jacobsson
Tucker Jeppson
Kasey Johnson
Natalie Jones
Cameron Justice
Mandy Kaur
Jeffrey Kilcup
Courtney King
Jesse Kipperman
Sarah Knight
Katerina Ko
Jessica Lancaster
Sienna Laughton
Justine Lawson
Avneet Lehal
Jessica Llamas
Robert Lloyd
Kati Lucas
Joshua Macke
Christopher Mandler
Ivan Martinez Avalos
Madeline Mercier
Jedidiah Meyers
Natalia Mosailova
Jacob Mushaben
Lucas Myers
Aditya Nathan
Kevin Ngo
Jessica Niles
Kandi Ogden-Moles
Cody Paiva
Henna Park
Helya Peyman
Kaylie Pierce
Justin Putz
Camille Reynolds
Melanie Scott
John Scott
Emily Sherfield
Jenna Speltz
Megumi Sugita
Konstantin Tachan
Emilie Tang
Anthony Thiros
Juliana Thong
Brent Twiford
Kathryn Wanat
Emily Webb
Jamie Welch
Ashley Wildman
Carolyn Withee
Alyssa Wiuknick
Matthew Wolter
Valerie Young

PMP – A Very Useful Tool

Have you registered to participate in the Prescription Monitoring Program? Registration is highly recommended and may become mandatory in the future.

Registration is done through the Secure Access Washington (SAW) program which is also where you file your online employer reports for L&I and Employment security, so you may already have an account. If not, you may set one up.

The top six times to check the PMP are: 1) New Patients; 2) When prescribing a controlled substance; 3) Patient is in substance abuse treatment; 4) Chronic pain patients – ensure treatment contract compliance; 5) For evaluating episodic care; 6) Expecting and breastfeeding mothers.

Recommended post PMP review action steps for at risk patients include: 1) Talk with the patient to evaluate at risk behaviors; 2) Coordinate care with the other providers listed on the report; 3) Consider using a patient treatment agreement; 4) Verify the prescriptions listed match your records; 5) Refer your patient to treatment or other specialty care; 6) Educate patients on the risks of opioid overdose.

The following link provides instructions for setting up a SAW account and linking to the PMP: http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP/SAWIntegration

The following linkprovides video iinstructions for setting up an account:

http://www.doh.wa.gov/ForPublicHealthandHealthcareProviders/HealthcareProfessionsandFacilities/PrescriptionMonitoringProgramPMP/EducationVideosforProviders

WOMA has a New Career Center

Go to the WOMA website at www.woma.org and select the Careers tab, or go to careers.woma.org

Governor Issues Executive Order Addressing Opioid Crisis

Governor Jay Inslee issued the following Executive order on October 7th directing that state agencies to work with local public health, Tribal governments, and other partners across the state, to implement the state opioid response plan with an immediate focus on the following highest priority actions. These agencies must submit a progress report by December 31, 2016, in advance of next legislative session. The Office of Financial Management, which is leading and coordinating comprehensive behavioral health planning, shall evaluate, in the course of its work, the potential budget-related matters raised in the order.

Goal 1: Prevent inappropriate opioid prescribing and reduce opioid misuse and abuse.

1. The state Agency Medical Directors Group (AMDG) shall work with the Bree Collaborative (a health care improvement partnership), Tribal governments, boards and commissions, professional associations, health care systems, insurers, teaching institutions, and others to consider amendments to the state pain guidelines and other training and policy materials, consistent with the 2015 AMDG and the 2016 CDC opioid guidelines, to reduce unnecessary prescribing for acute pain conditions for the general population, especially adolescents.

2. The Department of Health (DOH) and Department of Social and Health Services (DSHS), in partnership with my office and other agencies, including the Office of the Superintendent of Public Instruction, schools, and public and private partners, shall develop a communications strategy geared toward preventing opioid misuse in communities, particularly among youth, to raise awareness about the risks of opioid use and focus on reducing the stigma of opioid use disorder. This communication strategy shall promote safe home storage and appropriate prescription pain medication disposal to prevent misuse. Agencies shall also work with partners to consider and present options on how to best prevent misuse, including potential solutions like drug take-back programs.

3. The Health Care Authority (HCA) and Department of Labor and Industries (LNI), in collaboration with the Bree Collaborative, shall explore innovative methods and tools to deliver evidence-based alternatives and other promising practices, such as physical, occupational and cognitive behavioral therapy, to reduce overreliance on opioids while improving access to care and health outcomes with regard to the treatment of pain. HCA shall work with the University of Washington (UW) and other providers to utilize and make tele-mentoring prescriber education programs, such as UW TelePain, a fiscally sustainable telehealth service. These agencies will also establish support programs for providers, like an opioid prescribing consultation hotline.

4. To reduce the supply of illegal opioids, I have requested, and the Attorney General has agreed to partner with the Washington State Patrol and Washington Association of Prosecuting Attorneys, to convene local, state, and federal law enforcement agencies and community partners to develop and recommend strategies.

Goal 2: Treat individuals with opioid use disorder and link them to support services, including housing.

1. My office and HCA will work with health plans to support and implement behavioral health integration strategies in primary care, to include effective screening for opioid use disorder and increased management of medication-assisted and other needed treatments, like recovery support services. These strategies shall be implemented in a culturally appropriate and accessible manner, especially among historically marginalized communities such as American Indian and Alaska Native populations.

2. State agencies shall work with partner agencies and the health care community to expand availability of evidence-based medication-assisted treatment to: Identify policy gaps and barriers, in communities and the criminal justice system, that limit availability and utilization of medication-assisted treatment, including naloxone for overdose reversal. b. Consider the spoke and hub, nurse care manager, and similar center of excellence models that closely align with Behavioral Health Organizations and Accountable Communities of Health systems so that regional differences can be addressed and treatments may be delivered on a regional and population basis. c. Ensure availability of rapid, low-barrier access to treatment medications for people with opioid use disorder, especially pregnant women, intravenous drug users, and those who are homeless. d. Work with the UW Alcohol and Drug Abuse Institute (UW/ADAI) to pilot and evaluate low barrier models that provide rapid access to and stabilization on buprenorphine.

e. Explore new and existing funding sources to increase capacity in syringe service and other evidence-based programs.

3. The Department of Corrections, in collaboration with DSHS and HCA, shall improve processes to identify offenders with opioid use disorder and develop evidence-based interventions to ensure offenders will receive timely and effective treatment in the community upon release, concentrating immediately in regions that have achieved behavioral health and physical health integration.

4. At my request, the Insurance Commissioner has agreed to work with state health care purchasing agencies, private insurers, and providers, to determine if access issues exist and explore and recommend solutions on how insurance payment mechanisms, formularies, and other administrative processes can ensure appropriate availability of medication-assisted services and evidence-based services for treatment of pain and overdoses. State health care purchasers shall assess whether current payment and coverage decisions support these treatments consistent with evidence-based practices and implement, as soon as feasible, value-based purchasing methods to improve results.

Goal 3: Intervene in opioid overdoses to prevent death.

1. DSHS and DOH will work with the UW/ADAI and other partners, including local public health officials, to educate heroin and/or prescription opioid users and those who may witness an overdose, on how to recognize and respond to an overdose. State and local data systems will be enhanced to document opioid overdose occurrence and response.

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2. State agency health care purchasers shall ensure that covered individuals with opioid use disorder receive overdose education and access to naloxone.
3. Agency Medical Directors shall work with partners, including the CDC, to consider a centralized naloxone procurement process in order to reduce the cost of naloxone and increase its availability for first responders and families and friends of heroin users. Agency Medical Directors shall report recommended solutions when practicable.

Goal 4: Use data and information to detect opioid misuse/abuse, monitor morbidity and mortality, and evaluate interventions.

1. DOH, the Agency Medical Directors Group, the Bree Collaborative, and UW shall collaborate with providers and other partners to develop statewide measures to monitor prescribing practices and access to high quality and necessary pain care, focusing on metrics with a statewide and regional view. Using these measures, DOH will identify regional variations in prescribing practices and encourage health systems and insurers to use these measures to identify and intervene with health care providers who engage in unsafe prescribing practices.
2. State agency health care purchasers, with assistance from DOH, shall identify persons at high risk for prescription opioid overdose and intervene when appropriate with outreach efforts to provide necessary medical care, including treatment of pain and/or opioid use disorder.
3. DOH shall collaborate with partners to explore policies and processes to enhance functionality and increase the use of the Prescription Drug Monitoring Program among health care providers.
4. DOH will work with HCA and LNI to explore methods to notify health care providers of opioid overdose events. These methods should include how the Emergency Department Information Exchange electronic health information system used by hospitals might use prescription drug monitoring program data to identify health care providers who recently prescribed opioids to an overdose victim and notify them of that overdose event.

Suicide Training Requirements

As of January 1, 2016, osteopathic physicians are being required to complete a one-time six-hour training in Suicide Prevention approved by the Board of Osteopathic Medicine and Surgery (BOMS). This training must be completed by the end of the first full continuing education reporting period after January 1, 2016, or during the first full continuing education reporting period after initial licensure, whichever is later.

Training completed between June 12, 2014, and January 1, 2016, (this includes the WOMA seminar presented on March 21, 2015) must be accepted by the BOMS as meeting the one-time training requirement of this subsection

Programs on the current 2012-2016 Model List, which are not specific to a non-physician profession, are approved by the BOMS until June 30, 2017. Beginning July 1, 2017, the training program must be on the 2017 model list (pending).

There has been some confusion on the Suicide Prevention Training website pertaining to the language stating the 2012-2016 Model List is not applicable to physicians. This exception only applies to MDs because the Medical Quality Assurance Commission is considering programs on a case-by-case basis. BOMS will accept programs on the list that are not specific to another profession.

There are two programs for which WOMA members may receive a discount on the registration fee. The QPR for Physicians and Physician Assistants Certificate in Suicide Prevention requires approximately 6 hours of online modular training, which does not have to be done all at once, and passing a national clinical and content exam. It meets the Washington State training requirements but is not accredited for CME credits. You may login to the WOMA website at www.woma.org and select Benefits under the Membership tab for link and instructions. The Washington State Psychiatric Association is providing live programs on an ongoing basis for which WOMA members may receive a discount. This program provides CME credits that are not AOA-approved but are accepted by the Board of Osteopathic Medicine and Surgery. For more information go to the WSPA Website.

HCA Paper Claims Submission Practices Changing

Effective October 2016, the Health Care Authority (HCA) is accepting only electronic claims for Apple Health (Medicaid) services, except under very limited circumstances.

Providers may seek approval to submit paper claims if they are in a temporary or long-term situation outside of their control that precludes submission of claims electronically. Examples of these unusual circumstances may include but are not limited to:

1) HCA notifies provider in writing that paper claims will be accepted due to ProviderOne System issues precluding acceptance of electronic claims.
2) The provider can demonstrate that the information needed for adjudication of an Apple Health (Medicaid) claim cannot be submitted electronically using the claim formats required under the ProviderOne Billing and Resource Guide.
3) The provider is experiencing a disruption in their electricity or communication connection that is outside of their control and is expected to last longer than two days. This exception applies only while electricity or electronic communication is disrupted.
4) Providers that have not submitted any electronic claims within the past state fiscal year (July 1, 2015 to June 30, 2016).

Providers who wish to ask for an exemption from submitting claims electronically may do so using the Request a Waiver form. You can access this form by visiting the ProviderOne Billing and Resource Guide web page on the agency's website.

If you need further information regarding this notice, please contact: HCA Customer Service Center at 1-800-562-3022.

DOH Update

The law requires each profession to be self-supporting, so fees must be sufficient to pay costs of administering the program. Each program's fund balance must have sufficient reserves to accommodate an unexpected expense, such as a costly hearing. Due to an increase of DOs in the State, the Osteopathic Board program has accumulated a significant reserve fund. A reduction in license fees for four health professions, including Osteopathic Physicians and Osteopathic PA's, has been proposed by the Department of Health. Beginning February 1, 2017, active license renewal fees will be reduced from $425 to $375. The legislature approved an increase in the substance abuse monitoring fee from $25 to $50, the same amount as allopathic physicians. This results in a net reduction of the current $466 renewal (including the $16 US online access fee of $16) to $441. Other fees have been reduced accordingly. WOMA will continue to monitor and push for additional reductions.

As a reminder, licenses must be renewed every year on your birthday, except for postgraduate limited licenses, which must be renewed every year to correspond with the program date.

For the last two legislative sessions WOMA has been seeking an increase in the number of members on the Board of Osteopathic Medicine and Surgery. For the 2017 session, the Health systems Quality Assurance (HSQA) division of DOH has added this to its legislative agenda. It has received conditional approval by the DOH Secretary and the Office of Fiscal Management and is awaiting final approval by the Governor's office. If proposed legislation goes forward to the Legislature and is approved, two osteopathic physicians, one osteopathic PA and a public member will be added to the board. This will increase efficiency by adding an additional disciplinary review panel and lessen the case loads of current members.

In addition, the HSQA hopes to address the opioid crisis by expanding the usability of the Prescription Monitoring Program to: 1) notify prescribers of non-fatal overdoses of their patients through emergency department information exchange; 2) allow local health officers access to data for follow-up with patients and prescribers in the event of a non-fatal overdose; 3) expand access to the PMP to federal government and tribal authorities.

HSQA is requesting 02G (Health Professions Account) funds move from being appropriated to non-appropriated. Appropriated funds require legislative authorization to be spend for specific purposes. Non-appropriated funds can b spend without legislative appropriation. This change will allow for HSQA operations to continue in the event of a government shutdown (which can happen if a budget is not approved). It also provides some flexibility when projects require multiple years to complete, such as IT improvements.

Also awaiting approval from the Governor's office on the HSQA legislative agenda is legislation to increase the age to legally purchase tobacco to twenty-one. The agenda also includes legislation to approve of the use of Rapback, the FBI's next generation identity system. It would authorize disciplining authorities under the DOH to adopt rules authorizing fingerprint checks for applicants and licensees in the professions it regulates enabling them to ongoing status notifications of any criminal history reported on individuals.

At a meeting for health professions associations on September 26th, HSQA requested they do the following: 1) Assist with implementing the AMDG or CDC opioid prescribing guidelines; 2) Encourage providers to use the PMP; 3) Educate providers and encourage screening for opioid use disorder; 4) Encourage providers to become waivered to prescribe buprenorphine; 5) Incorporate curricula on opioid prescribing and opioid use disorder into training programs; 6) Decrease stigma around substance abuse disorders.

HHS Releases New Health IT Resource for Physicians

The Office of the National Coordinator (ONC) within the U.S. Department of Health and Human Services (HHS) has released a Health IT Playbook (https://www.healthit.gov/playbook/) to answer many of the questions that providers face when implementing and using health IT.

The online Playbook allows physicians to select their current phase of EHR implementation, and then provides customized resources and information appropriate to that phase. Resources include:

1) Questions to ask potential EHR vendors during the selection process for purchasing a new EHR
2) A downloadable matrix you can use to score and compare potential vendors
3) A downloadable vendor pricing template to help you compare pricing across vendors who might use different pricing models (i.e. monthly subscriptions vs one-time fees, upgrade costs, etc.)
4) An EHR contracting guide to help you negotiate terms and understand the fine print
I5) Implementation checklists to better manage workflow changes
6) Issues to be aware of for data migration and contracting during EHR replacements
7) Tools and information on making the most of your EHR to improve care for your patients
8)Information on MACRA and what it will mean for your EHR usage

Board Clarifies Sexual Misconduct

Due to experience with investigations and enforcement under the current rule, the Board of Osteopathic Medicine and Surgery has adopted a change in rules clarifying what acts constitute sexual misconduct.

The rules were amended to state "Sexual misconduct also includes sexual contact with any person involving force, intimidation, or lack of consent; or a conviction of a sex offense crime as defined in RCW. 9.44A.030.

Treatment Tables Find Homes

Upon his retirement this year, Harold Agner, DO had three treatment tables for which he hoped to find good homes. WOMA put the word out and PNWU student Jacob Thatcher, OMSII, answered the call and found homes for all of them. The happy recipients are Student Doctor Thatcher, Taylor Campbell, OMSII and Camille Reynolds, OMSI.

Pictured from the left are Taylor Campbell, OMSII, Taylor Campbell, (yes, there are two Taylor Campbells) Dr. Agner, Jaclyn Thacker and Jacob Thatcher, OMSII.

Provider Resources for Opioid Prescribers

The Center for Opioid Safety Education has just launched an updated version of its website .

This website at http://stopoverdose.org/section/health-care-professionals/ is for Healthcare Providers which covers the following:

- Opioid prescribing/pain management guidelines
- Naloxone co-prescribing
- Naloxone in emergency departments
- Opioid use disorder in patients

A great resource for community providers is the UW Telepain sessions which take place each Wednesday from 12.00pm to 1.30pm. These are audio and videoconference-based consultative knowledge network of interprofessional specialists with expertise in the management of challenging chronic pain problems. For more information go to http://depts.washington.edu/anesth/care/pain/telepain/index.shtml

MACRA Final Rule Released

CMS Gives Flexibility In Transition To Keep Providers In The Game

On October 14, the Centers for Medicare & Medicaid Services (CMS) published a final rule to implement the Medicare Access and CHIP Reauthorization Act (MACRA)'s new Quality Payment Program (QPP). The QPP offers clinicians two ways to be rewarded for delivering high-quality patient care:

1) Join an advanced alternative payment model (Advanced APM), which will offer incentives for participating in innovative reimbursement models; or

2) Join the Merit-Based Incentive Payment System (MIPS), which will provide a performance-based payment adjustment based on physicians' reporting.

Major Changes from Proposed Rule

In April, CMS had released a Proposed Rule to establish physician incentives for participation in certain APMs and MIPS. In response to over 4,000 comments (including letters from the AOA and the osteopathic profession) and feedback received in outreach sessions with over 100,000 stakeholders, CMS made several significant changes to the Proposed Rule when promulgating the Final Rule. These changes increase flexibility by:

- Adjusting the MIPS low-volume threshold to allow more clinicians to be exempt from reporting.
- Creating several go-at-your-own-pace options for clinicians to choose in the initial years of the program. CMS has set 2017 as a transition year meant to encourage clinician participation and prioritize education opportunities. The Final Rule:
- Gives participating clinicians three paths to choose from within MIPS, including an option with very minimal reporting requirements to avoid any negative payment adjustments.
- States that it is anticipated that some of this flexibility will extend into 2018.
- Simplifies the "all-or-nothing" requirements for measuring use of EHRs,
- Establishes standards for the Medical Home Model
- Provides additional flexibility for small and independent practices in reporting.
- Allowing for at least one new potential Advanced APM option, the Medicare Shared Savings Program (MSSP) ACO Track 1+ in 2018, to increase the potential for clinicians to participate in Advanced APMs.
- The new Track 1+ option is available to existing and new MSSP ACOs alike.
- It will allow additional MSSP ACO models to participate in the QPP as an Advanced APM.

HHS Issues Final Rule on MAT

The Department of Health and Human Services (HHS) issued a final rule on July 6, 2016 to increase access to Medication Assisted Treatment (MAT) with buprenorphine. This Rule will become effective on August 5, 2016. Below are key points that outlines which practitioners are eligible for an expanded patient limit of 275.

Under routine conditions, a practitioner would qualify for the higher limit in one of two ways:

1) by possessing subspecialty certification in addiction medicine or addiction psychiatry, or

2) by practicing in a Qualified Practice Setting (QPS) as defined in the rule. In either case, practitioners with the higher limit would have to possess a waiver to treat 100 patients for at least 1 year in order to gain experience treating at a higher limit.

The purpose of offering the 275 patient limit to practitioners in these two categories is to recognize the benefit offered to patients through: the advanced training and maintenance of knowledge and skill associated with the acquisition of subspecialty certification; and; the higher level of direct service provision and care coordination envisioned in the qualified practice setting.

In addition to ensuring higher quality of care, the criteria for the higher limit is intended to minimize the risk of diversion of controlled substances to illicit use and accidental exposure that could result from increased prescribing of buprenorphine.

Route 1 - Subspecialty Certification:

A practitioner with board certification in addiction would have the training and experience necessary to recognize and address behaviors associated with increased risk of diversion.

Route 2 – A Qualified Practice Setting (QPS)

The QPS is an alternative to advanced certification to acquire the new 275 patient limit. If you terminate your relationship with a QPS you return to the 100 patient limit.

What is a QPS?

a. the ability to offer patients professional coverage for medical emergencies during hours when the practitioner's practice is closed; this does not need to involve another waivered practitioner, only that coverage be available for patients experiencing an emergency even when the office is closed;

b. the ability to ensure access to patient case-management services including behavioral health services;

c. health information technology (health IT) systems such as electronic health records, when practitioners are required to use it in the practice setting in which he or she practices;

d. participation in a prescription drug monitoring program (PDMP), where operational, and in accordance with State law. PDMP means a statewide electronic database that collects designated data on substances dispensed in the State. For practitioners providing care in their capacity as employees or contractors of a Federal government agency, participation in a PDMP would be required only when such participation is not restricted based on State law or regulation based on their State of licensure and is in accordance with Federal statutes and regulations; and

e. employment, or a contractual obligation to treat patients in a setting that has the ability to accept third-party payment for costs in providing health services, including written billing, credit and collection policies and procedures, or Federal health benefits. (100% cash only clinics are out by design because "pill mills" were cash only).

The Higher 275 patient limit must be applied for every 3 years.

Final documentation construction is pending and a form will be available at www.samhsa.gov.

The Higher 275 patient limit may be revoked if there are violation of good practices. Under the new increase, if you are outside of the standard of care, action can be taken and you will lose the waiver for the new limit.

Practitioners approved to treat up to 275 patients will also be required to accept greater responsibility for providing behavioral health services and care coordination, and ensuring quality assurance and improvement practices, diversion control, and continuity of care in emergencies. The higher limit will also carry with it the duty to regularly reaffirm the practitioner's ongoing eligibility and to participate in data reporting and monitoring as required by SAMHSA.

Open Payments Data

2015 Open Payments Data is already public, but you can still review and dispute records in the Open Payments System until December 31st.

Physicians or authorized staff representatives should check their data every year - even if they don't think there's data reported on them. Drug or device companies can submit older data from previous years. And, although the data is old, if it is the first time it has been published, you still have until the end of the year to review and dispute if necessary. If there's anything inaccurate, make sure you dispute it quickly. This will let drug and device companies know that you disagree with their records and give you a chance to resolve the dispute.

If you need help with the data review and dispute process, or have any questions about how Open Payments works, you can email the CMS Open Payments Help Desk at openpayments@cms.hhs.gov. For live assistance, you can call Help Desk Support at 1-855-326-8366. Find step by step guides, including the review & dispute guide, and more information by going to https://www.cms.gov/OpenPayments/Program-Participants/Physicians-and-Teaching-Hospitals/Physicians-and-Teaching-Hospitals.html.

Bear Droppings... . . . . .

by Loren H. Rex, D.O.

While going through some old files to prepare for this column, I came across a check issued by the old Department of Social and Health Services. In my early time in this state, this department was the dominant financial arm of the State of Washington and they were in control of any money you might hope to receive, as a D.O., for any care you had provided to a large assortment of State patients. And then if you had subsequently billed for the services provided: you expected to be paid for your labors. In this case, the care provided by my office consisted of all the pre-deliver O.B. care, a live non-surgical delivery and immunizations in the first six months of the baby's life along with post-partum care for the mother and child. In this particular case the amount of the check was for $1.54 cents in good old U.S. dollars. Yes! You heard me right, $1.54 which obviously begs for a bit of explanation.

When I went into practice in 1971 the world, including Seattle, was a far different place. Seattle was the place where Airplanes were made from the ground up. We designed them, made all the parts and then assembled the parts into magnificent flying machines. There was also two other local industries; forest products and fishing. Today, the trees have been cut down, and we have over-fished virtually everything in the ocean so that Pollack is beginning to look like gourmet "fixins" for when you invite friends over for dinner.

As near as I can tell, the two major industries today are talking / listening and health care. I base my opinion on every other commercial on TV being designed to sell me streaming data storage on something called the cloud. The other one half of the commercials are for new drugs to make me happier. On the other hand, health care has always been a large part of the budget. Docs just didn't notice unless they were involved with an agency that paid for health care. The insurance industry was a far cry from what it is today and since almost no one paid for the services of D.O.'s, since they weren't really Doctors, you just didn't believe you couldn't live without being reimbursed by someone's insurance plan. The one place you were sure of acceptance and re-imbursement was the good old State of Washington. For D.O's there was the DSHS, the Department of Labor and Industries and everything else. It may not have been much but it was something. I interviewed everyone who would talk to me about their fees and concluded that fees ranged from about six to twelve dollars for an Office call so set mine at eight dollars for a basic office call and two dollars more with manipulation placing me squarely in the middle range of the local industry. Even at that, many of the doc's were appalled at the idea of me charging for manipulation as a separate service.

So one month, there it was, a simple looking epistle from the DSHS. Inside, was to be found a little note explaining that the department had run out of funds and would be suspending payment on your billings until further notice. They weren't refusing to pay their billings; they just couldn't pay anyone now. Also, they apologized for any inconvenience this might cause. Inconvenience NO!: Total disruption YES!. OBTW, don't send us anymore billings until further notice but someday we will ask you to send your charges and then we will pay said charges. Thy neglected to mention that they would pay based on some formula arrived at by some newly hired bean counter currently residing in Olympia and working at the only job they could find; a level 1 accountant with DSHS. It only took about 6 months to get the second letter. The one explaining that they still didn't have any funds to pay but they had asked the Legislature to please put in some extra money to help out the poor starving docs who were still owed monies from six months ago. For those of you familiar with the past performance of the Washington Legislature, you know how well that worked. TICK, TOCK, TICK, TOCK. The wheels of the God's are slow to turn but they grind exceedingly fine.

And then, as if by script, the letter from DSHS was right there in the mail. It looked the same, there was indication of the life changing contents within but there it was, the letter from DSHS with instructions for re-billing to re-coup all my lost funds and perhaps a bit of interest to boot,. I must call Sharelle to tell her "No bottom fish tonight" Girl!, we are going to Skipper's and we are having COD! Then it occurred to me, I hadn't looked at the check yet. OK, it wasn't with sweaty palms but I was somewhat excited to see what Dame Fortune held for my future. I slowly opened the perfectly machine folded letter contained within and my eyes came to rest on the bold type stating that I was the proud recipient of $!.54, (One dollar and fifty four cents) payable in U.S. funds from any financial institution that I cared to take the instrument to for reimbursement. This by the way represented full payment for all debts having to do with this account. I could taste the breading on the Pollock as I pictured dinner tonight. Then it occurred to me that I was not totally without re-course in this matter. I conclude that I was not $1.54 away from Bankruptcy and that come Hell or high water, it was my check and I would never cash it. That accounts for it being in my possession nearly fifty years later. I hope it was at least an inconvenience for them to try and find it. And I have most definitely enjoyed finding the check and writing this column. Until next time.

Social Security Number Removal Initiative

What do you need to do to get ready?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS to remove Social Security Numbers (SSNs) from all Medicare cards by April 2019. A new randomly generated Medicare Beneficiary Identifier (MBI) will replace the SSN-based Health Insurance Claim Number on new Medicare cards for transactions like billing, eligibility status, and claim status. Prepare for this change by visiting the new overview and provider webpages, which include:

- Transition period
- Characteristics of the MBI
- How to obtain the MBI

It's time to look at your practice management systems and business processes and determine what changes you need to make to use the new MBI. For more information, go to:

https://www.cms.gov/Medicare/SSNRI/Index.html

CMS is hosting its first Open Door Forum on this topic on November 1st from 11:00 a.m. to noon.

Open Door Forum (ODF) Participation Instructions:

- Conference call only; Dial: 800 837-1935 and reference Conference ID: 98745631
- Please dial-in at least 15 minutes before call start time
- For TTY services, dial 800-855-2880
- A podcast will be available on the ODF Podcast Transcripts webpage

Additional ODFs will be scheduled. Visit the SSNRI Provider webpage to learn more about this initiative.

Check Your Patients Addresses

No earlier than April 2018, CMS will start mailing Medicare cards with Medicare Beneficiary Identifiers (MBIs) to people with Medicare. Please help CMS make sure your Medicare patients get their cards. If the address you have on file is different than the address you get in electronic eligibility transaction responses, ask your patient to change it, so it is correct when CMS mails the cards.

Plan Now to Attend the 2017 WOMA Convention

The WOMA Convention will take place May 4-7, 2017 at the Semiahmoo Resort. The CME Committee has assembled an impressive array of topics and presenters for the program based on your participation in the needs assessment and outcomes surveys and community need. The program will begin on Thursday, May 4th with David Kanze, DO providing lectures and labs on The Pelvis and Sacrum. This will be followed by a presentation on Maternal Infections and Fetal Risk by Anita Showalter, DO. Neil Barg, MD will finish the day with an HIV Update. The evening will end with a reception for physicians and exhibitors and some family time making S'mores around the beach fire.

Friday will be a day of Internal Medicine topics on Hypertension, Obesity, Diabetes and Renal Disease with presentations from H Ken Cathcart, DO, Mark Baldwin, DO, Raed Fahmy, ND and William Elliott, MD, PhD.

Saturday morning will provide oncology topics to include screening, genetics testing and primary care co-management of pediatric oncology patients from presenters Al Brady, MD, Mark Baldwin, DO and Kelly Faucette, MD. Saturday afternoon will provide the following breakout sessions: Transitioning out of Direct Patient Care by Robyn Phillips-Madson, DO, Mentoring New Physicians by Katheryn Norris, DO, Precepting and Production-Based Practices by Anita Showalter, DO and Interpreting CBC's, Peripheral Smears and Indices by Al Brady, MD.

Saturday evening will end with awards and prizes and the annual auction fundraiser to benefit the Washington Osteopathic Foundation.

Sunday will focus on Psychiatry starting with Psychiatric Medications – How They Work by Kris Peterson, MD. Albert Crook, DO will provide an Overview of Depression and PTSD. Dr. Peterson will return to the podium to present Anxiety and Sleep Disorders in Patients with PTSD followed by a Pediatric Psychiatric Update by Nate Cardon, DO. The morning will end with all speakers participating in a panel with case studies.

Convention reservations at Semiahmoo are now open with rooms starting at $155 and the resort fee is waived. To get this rate you must use the special code WOMA2017. As with all venues, to reserve the meeting space required, we must commit to selling a minimum number of sleeping rooms. Staying elsewhere can have a negative effect on our bottom line, so please consider the convenience of staying at Semiahmoo during the convention.

There will be no WOMA Spring Seminar due to the early May dates of the Convention.

2016 O S T E O P A C Capitol Club

The Washington Osteopathic Physicians and Surgeons Political Action Committee (Osteopac) was established in 1985 to support advocacy efforts on behalf of the osteopathic profession in Washington State. This includes DO Day in Olympia and VoterVoice, the program that keeps you informed of legislative issues by email. The "Capitol Club" recognizes those who generously and consistently contribute to Osteopac. Thank you to all of our Capitol Club members!

Platinum Club (at least $5,000 since 2006)

H Ken & Sharon Cathcart, DO
Loren H Rex, DO*

Diamond Club (from $2500 to $4999 since 2006)

Bill Dickinson, DO*
Dan Dugaw, DO*
Lindy Griffin, DO*
Monica Haines, DO
Sheila Kennedy, DO
Vincent Koike, DO*
Steven Leifheit, DO*

Gold Club (from $1,000 to $2499 since 2006)

Harold Agner, DO*
Timothy Anderson, DO
John Baumeister, DO
Bill Betz, DO
Lloyd Butler, DO
Paul Emmans, Jr, DO*
Janis Fegley, DO*
Stan Flemming, DO*
Larry Greenblatt, DO
David Hofheins, DO*
John Hunholz, DO
Vincent Koike, DO*
Richard Koss, DO*
David Lukens, DO*
Chris Peterson, DO
Robyn Phillips-Madson, DO
Kathleen Schuerman, DO
Dan Shelton, DO*
Tom Shelton, DO*
Dan Wolf, DO

Silver Club (from $250 to $999 since 2006)

Juan Acosta, DO
Dennis Anderson, DO*
Ruth Bishop, DO
Dan Brzusek, DO
Christen Cage Vu, DO
Mark Chen, DO*
Robert Coleman, DO
Rose-Marie Colombini, DO*
Marc Cote, DO*
Nick Curalli, DO
Thomas Dawson, DO*
Dieter Eppel, DO
Scott Fannin, DO*
David Farrell, DO*
Kathleen Farrell, DO*
Amber Figueroa, DO
John Finch, DO*
John Fuchs, DO*
Gordon Hsieh, DO
Mark Hunt, DO
Collette Kato, DO
James Keene, DO*
Karl Kranz, DO
Huong Lakin, DO
Suzanne Laurel, DO*
Rebecca Locke, DO*
Philip Matthews, DO
Allen Quinn, DO
Mark Raney, DO
Lyndsey Rasmussen, DO
Richard Richards, DO
Katina Rue, DO
David Ryan, DO
Ken Scherbarth, DO
Paul Shelton, DO
Donald Sinden, DO*
Gerald Stanley, DO*
Joe Thomas, DO
Lynda Williamson, DO*
Suzanne Yeary, DO
Alan Zend, DO

*2016 Donors

It's not too late to join the 2016 Capitol Club. Membership requires a minimum accumulation of donations of $250 over the last ten years (an average of $25 or more per year). If you have made contributions during this time and would like to know your accumulative amount, please email Kathie Itter at kitter@woma.org or call her at 206-937-5358. An Osteopac Registration Form is located on page 12 of this newsletter.

OSTEOPAC

Sponsoring programs advocating the osteopathic profession in Washington State since 1985

Washington Osteopathic Physicians and Surgeons
Political Action Committee
PO Box 16486 / Seattle / WA / 98116-0486 / (206) 937-5358 / Fax (206) 933-6529

2016 Membership Registration

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

Date _____

***Name** _____

***Address** _____

City**_____ ***State**_____Zip**_____

Employed* Self Employed Retired

***Employer (if other than self)** _____

***Employer Address** _____

City**_____State**_____***Zip**_____

Please join you rosteopathic colleagues in supporting advocacy for you rprofession by donating today.

☐ $ 25.00 ☐ $ 100.00 ☐ $ 365.00

☐ $ 50.00 ☐ $ 200.00 ☐ Other $ _____

Make Your Personal Check Payable to: OSTEOPAC

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

*** Information required by Public Disclosure Commission**

If every DO in Washington gave just $25 we would meet our goal.

Plan to Attend DO Day in Olympia

On Wednesday, March 1st, osteopathic physicians and medical students will assemble in Olympia to direct the attention of legislators to the osteopathic profession and its important role of health care delivery in Washington State. Participants will be briefed on select issues and given the opportunity to meet one-on-one with their district legislators and/or aids. If you do not have an established relationship with your legislators, this is a great way to start one.

We will be headquartered in the Columbia Room on the first floor of the Legislative Building where free blood pressure checks and OMM demonstrations will be provided to the public. After the morning briefing, participants will proceed to appointments made for those who are registered to vote in Washington. Those not registered may accompany those who are, provide the blood pressure checks and OMM demonstrations and/or stop by the office of legislators who do not have appointments or constituents in our group, to drop off materials, which sometimes leads to some interesting discussions and opportunities. A buffet lunch to which all legislators are invited will provide additional time to spend with legislators and staff.

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

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

There will be several issues and challenges facing Osteopathic Physicians during the upcoming 2017 Legislative Session, including: 1) Making Washington a Physician-friendly State by restricting credentialing requirements to state licensure standards; 2) Updating the Board of Osteopathic Medicine and Surgery statute to address the size, makeup and structure of the organization; 3) Ongoing "Turf Wars" between health care providers, such as physical therapists and acupuncturists. (WOMA is committed to preserving public safety by opposing any proposal that expands scopes of practice without appropriate training); 4) Insurance Commissioner regulations related to Prior Authorization by Health Carriers; 5) Dept. of Health task force on Out of Pocket expenses for consumers; and 6) Health Care Authority initiatives to address the high cost of Prescription Drugs.

Osteopathic physicians who participate in DO Day will be eligible for a drawing for a free WOMA 2016 convention registration package. A printable registration form is located on page 14 of this newsletter or on the home page at www.woma.org.

2016-17 Schedule of Events

Saturday, December 23, 2016
Board/Planning
CME Committee 8:30 to 9:30 a.m.
Planning 10:00 to 11:30 a.m.
BOG 12:30 to 2:00 p.m.
WOF 2:15 to 3:00 p.m.

Tuesday, March 1, 2017
DO Day in Olympia

Saturday, March 18, 2017
Board/Planning
CME Committee 8:30 to 9:30 a.m.
Planning 10:00 to 11:30 a.m.
BOG 12:30 to 2:00 p.m.
WOF 2:15 to 3:00 p.m.

May 4-7
2017 Convention
Semiahmoo
Blaine

WOMA Annual Membership Meeting
Friday, May 5, 2017
12:30 p.m.
Semiahmoo Resort

July 17-23, 2017
AOA House of Delegates
Chicago Marriott

Saturday, September 23, 2017
Board/Planning Meeting
CME Committee 8:30 to 9:30 a.m.
Planning 10:00 to 11:30 a.m.
BOG 12:30 to 2:00 p.m.
WOF 2:15 to 3:00 p.m.

October 7-11, 2017
AOA OMED
Philadelphia

Saturday, December 2, 2017
Board/Planning Meeting
CME Committee 8:30 to 9:30 a.m.
Planning 10:00 to 11:30 a.m.
BOG 12:30 to 2:00 p.m.
WOF 2:15 to 3:00 p.m.

WOMA Executive and Public Affairs Committees
meet at 7:00 p.m. at the WOMA office on the rhird Wednesday of January, February, April,July, August,October and November.

D.O. Day in Olympia

Wednesday, March 1, 2017

9:00 a.m. to 3:00 p.m.

Columbia Room
Legislative Building

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

The day will start at 9:00 a.m. with everyone assembling for instructions on the issues to discuss in your meetings with the legislators and updates on current legislation. Constituent appointments will be made with legislators starting at at 9:30 a.m. Participants will meet with legislators, drop off packets of information at the offices of legislators without appointments, provide OMM demonstrations and give free blood pressure checks to the public and legislators. All legislators will be invited to a lunch with our participants hosted by WOMA. Meetings will continue after lunch until 3:00 p.m. Please complete this registration form and fax or mail it to WOMA by **Friday, January 6th** to allow time to schedule appointments**.** This is a joint project with PNWU and those coming from the Yakima area are invited to ride the bus from PNWU and Ellensburg to Olympia and back. Please indicate below if you want to ride the bus from Yakima.

Name _____

If you are a registered voter in Washington State, please provide your Registered Voter Address so we can identify your legislators and request appointments with them for you:

Address _____

City, State, Zip _____

Phone _____ Email _____

Dietary Restriction: ☐ Vegetarian ☐ Vegan ☐ Gluten Free ☐ Dairy Free

If you are coming from the Yakima area, indicate below if you wish to ride the bus from PNWU.

☐ Yes, I would like to ride the bus to Olympia from ☐ Yakima ☐ Ellensburg

Please send registration by January 6, 2017 to: WOMA
PO Box 16486
Seattle, WA 98116-0486

Or fax to: 206-933-6529

9:00 Arrive in Olympia
Meet at Columbia Room, first floor of the Legislative Building for Instructions for discussion issues

9:30 Meetings with individual legislators; Deliver materials to legislators with no appointments; Blood pressure check stations, OMM demonstrations in Columbia Room

11:45 Lunch in Columbia Room with Legislators & Staff
Continue meetings with individual legislators; Deliver materials to legislators with no appointments

3:00 Blood pressure check stations, OMM emonstrations in Columbia Room

3:00 Restore room to original condition
Leave Olympia

Depending on availability, appointments may have to be made during lunch.

Your appointments, usually about 10 minutes, will each be in one of four buildings:
Legislative Building (the Dome) (LEG)
John A Cherberg Building (JAC)
Irving Newhouse Building (INB)
John L O'Brien Bldg (JLOB)

Supplies Needed
blood pressure cuffs (different sizes)
An OMM Portable Table

ACTIVE MEMBERSHIP APPLICATION

Date _____

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

Name _____ Office Email _____

Physical Address of Current Practice _____ Phone _____

City, State , Zip _____ County _____

Residential Address _____ Phone _____

City, State, Zip _____ County _____

Mailing Address _____Office _____Residence _____Other _____

City, State, Zip _____

Gender ☐M ☐F AOA# _____ Birthdate _____ Spouse's Name _____

Preferred Email ☐Office (Above) ☐Other _____

PRACTICE INFORMATION

WA State License Number _____ Date Issued _____

Other Current/Past State Licenses _____

Present Practice Focus _____

Hospital Staff (Present) _____

Hospital Staff (Past) _____

Other State Divisional Society Memberships (Past and Present)_____

TRAINING

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

COM _____ Grad Year _____

Internship Program _____

Location _____ Completion Year _____

Residency Program _____

Location _____ Completion Year _____

Specialty Certification _____

Board Certification ☐AOA ☐ABMS Current? ☐Yes ☐No

Certifying Board(s) _____

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

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

Continued on Page 16

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

_____

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

WOMA Member Referral (if known) _____

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

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

Signature of Applicant _____ Date _____

Payment Options
WOMA Membership begins January 1 and ends December 31 of each year
Enclosed is my application fee of $35 and Dues of:

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

$320 Second year in practice (Pro-rate to $80 per remaining quarter)

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

Charge my $35 application fee and Dues of $ _____

☐ Visa ☐ MasterCard Card Number _____

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

Name on Card _____ Signature _____

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

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

Why WOMA?

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

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

WOMA needs your support to maintain advocacy for your profession. Please join now to ensure continued advocacy.

Washington Osteopathic Foundation Contribution Form

(Please print legibly)

Donor Name _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Amount of tax-deductible donation $ _____
The WOF Tax-ID number is 23-7115033.

You may make your contribution in memory of a deceased person or in honor of someone living. If you wish to do so, please indicate below:
My contribution is in memory of _____
Or
My contribution is in honor of _____

Unless otherwise indicated, donations will be deposited in the general account to support loans, osteopathic training and CME in Washington State.

☐ I prefer my donation to go to the Warren Lawless Scholarship Fund
☐ I prefer my donation to go to the Eugene Imamura Scholarship Fund
☐ I prefer my donation to go to the Ursa OMM Fund
☐ I am interested in sponsoring a named scholarship fund. Please contact me.

Authorization to Charge Credit Card

Please charge to the credit card listed below:

☐ Visa ☐ MasterCard

Credit Card Number _____

Expiration Date _____ CID Number* _____

Name _____
(as it appears on the credit card

Billing Statement Address _____

City, State, Zip _____

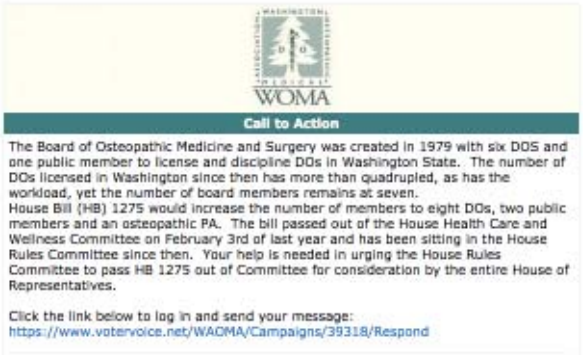
Authorized Signature _____ Date _____
*3 digit number on the back of credit card

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

VoterVoice Advocacy for WOMA

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

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


WOMA

Call to Action

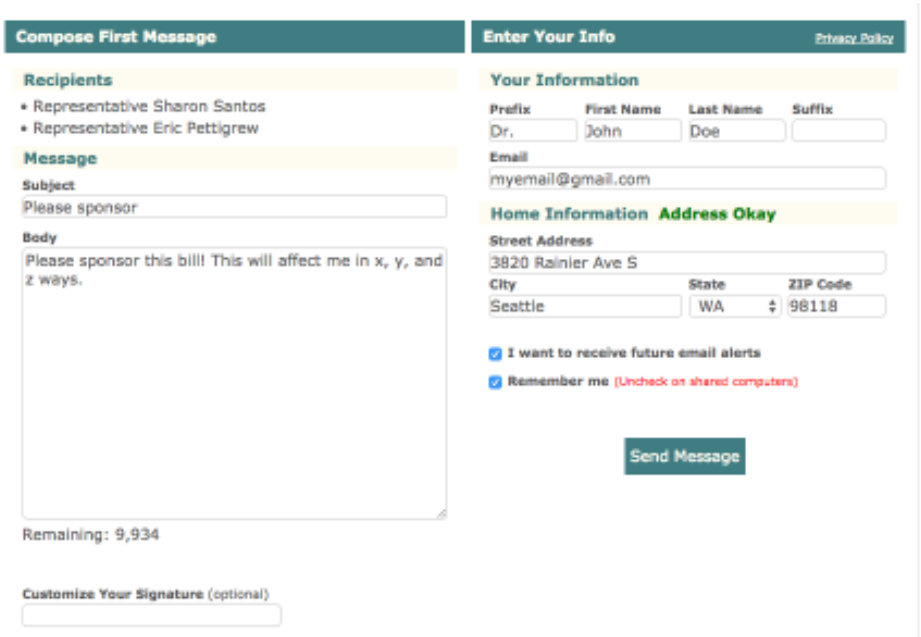
The Board of Osteopathic Medicine and Surgery was created in 1979 with six DOS and one public member to license and discipline DOs in Washington State. The number of DOs licensed in Washington since then has more than quadrupled, as has the workload, yet the number of board members remains at seven.
House Bill (HB) 1275 would increase the number of members to eight DOs, two public members and an osteopathic PA. The bill passed out of the House Health Care and Wellness Committee on February 3rd of last year and has been sitting in the House Rules Committee since then. Your help is needed in urging the House Rules Committee to pass HB 1275 out of Committee for consideration by the entire House of Representatives.

Click the link below to log in and send your message:
https://www.votervoice.net/WAOMA/Campaigns/39318/Respond

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

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

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


Compose First Message

Recipients
- Representative Sharon Santos
- Representative Eric Pettigrew

Message

Subject: Please sponsor

Body: Please sponsor this bill! This will affect me in x, y, and z ways.

Remaining: 9,934

Customize Your Signature (optional)

Enter Your Info Privacy Policy

Your Information

Prefix: Dr. | First Name: John | Last Name: Doe | Suffix:

Email: myemail@gmail.com

Home Information Address Okay

Street Address: 3820 Rainier Ave S

City: Seattle | State: WA | ZIP Code: 98118

I want to receive future email alerts

Remember me (Uncheck on shared computers)

Send Message

That's it!

This advocacy program is funded by Osteopac. If you have not yet done so, please join today by printing out and completing the form on page 12 nd submit with yourcheck in whatever amount you can afford. All contgributiosn are greatly appreciaed!

HCA Update: The Clinical Data Repository is now open for provider testing!

In collaboration with the state health information exchange, OneHealthPort (OHP), HCA has continued preparations for the CDR rollout later this year. This past month we have reached some key milestones:

As of October 14, the CDR test domain is open for providers to begin submitting their clinical summaries in a standard electronic format called a Continuity of Care Document (CCD). These care summaries will be submitted after each outpatient encounter or inpatient admission.

OneHealthPort has completed work on technical changes to allow some different options for providers to submit their care summaries and to match the clinical data to the correct patient in the CDR.

Providers who will be required to submit CCD files for their Apple Health Managed Care enrollees by February 1, 2017 should contact OneHealthPort as soon as possible to begin technical readiness work.

If you have any questions about whether your organization is required to submit data to the CDR, please refer to the criteria diagram on the HCA web site or e-mail healthit@hca.wa.gov.

Other activities that have continued during October include:

A data classification white paper is posted on the OHP and HCA web sites as guidance for EHR vendors and providers as they prepare their data (i.e. assigning standard confidentiality codes) before sending to the CDR.

Continued webinars and meetings with various stakeholder groups to provide updates

Refined communications regarding privacy considerations

Continued planning for CDR reports

Continued planning for early CDR training

Conducted a statewide roadshow (OHP sessions & Indian Health Care Services sessions) to discuss the CDR and the Meaningful Use incentive payment program.

OneHealthPort is offering monthly webinars for EHR vendor and provider organizations. Their readiness efforts are continuing in parallel with those of the state. HCA is also participating in those webinars to address any policy and requirement questions. The links below contain more information.

EHR vendor webcast sign-up link: https://onehealthport.formstack.com/forms/cdr_technical_webcast_registration

Provider Staff webcast sign-up link: https://onehealthport.formstack.com/forms/cdr_clinical_webcast_registration

You may also visit the OneHealthPort CDR Readiness page for information on readiness activities, contracting, and clinical data exchange using CCD files.

Upcoming Webinar!

Title: Privacy Safeguards and the Statewide Clinical Data Repository CDR)

DATE: Tuesday November 8 10:00-11:30

Description: The Clinical Data Repository (CDR) is launching soon, which will enable the electronic exchange of clinical information between providers. Please join us as we introduce our shared understanding regarding HIPAA and applicable state law applicable to the collection and use of this data.

You may register at https://attendee.gotowebinar.com/register/1406792518947942404

Reminder: HCA website has changed

HCA has built a new website so any previously bookmarked links may not work anymore. The new web address is as follows: http://hca.wa.gov/

The new HealthIT homepage is located at: http://hca.wa.gov/about-hca/health-information-technology

If you are looking for webinars, tip sheets, or guides you will find them on the Resources page: http://hca.wa.gov/about-hca/health-information-technology/resources

We also have a toll free number (1-855-682-0800) that you can use to leave requests, questions, and concerns.

The Healthcare Authority (HCA) to change browser support

For security purposes, beginning January 2017, HCA will support only the following four web browsers (current version and previous release):

- Google Chrome
- Internet Explorer
- Mozilla Firefox
- Safari

What does this mean for you?

After January 2017, HCA web applications may not work correctly on older browsers.

To ensure that you view our web applications properly, confirm that your browser will be supported and upgrade to (or install) the latest version prior to January 2017.

Up-to-date web browsers let you work faster and keep you safe from viruses and other threats!

Has your contact information changed?
Be sure to update your WOMA file by logging in at www.woma.org or contact the WOMA staff for assistance at 206-937-5358.