WSMA REPORTS

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WSMA bill also seeks to ensure fair peer review

Protecting Physician Whistleblowers

BY MARCIA FRELLICK

Legislation finalized over recent months by the WSMA aims to make it safer for physicians in Washington to speak up against wrongful actions.

Toward that end, the bill includes protections for physician whistleblowers, as well as provisions that help ensure that peer review is conducted fairly and appropriately.

Though peer review is meant to improve care, it has often generated fears of punishment, including loss of privileges, and the process is often conducted reactively instead of proactively.

Donna Smith, MD

WSMA President Donna Smith, MD, a pediatrician at Virginia Mason in Seattle, said physicians and other frontline health care workers have the best view of the safety and quality of care. For that reason, they must feel free to speak out when they witness wrongdoing, without fear of retaliation and regardless of employment status or relationship to an organization.

Several well-publicized cases in recent years have shown the need for such protections for physicians, she said.

"This bill will help make every physician a partner in improving care," she said.

Sham peer review

Peer review at times has been used improperly, for reasons of personal animus or economic competition, or in ways that do not adhere to medical staff bylaws, said Denny Maher, MD, JD, general counsel and director of WSMA's legal affairs.

continued on page 2

WSMA Foundation Turns 50

SEE CENTER SPREAD ON PP. 10-11 TO LEARN HOW THE FOUNDATION IS EXPANDING ITS MISSION.

IN THIS ISSUE

Protecting Physician Whistleblowers

continued from page 1

Protections in the draft bill may shield physicians from this "sham" peer review that might otherwise occur if a physician raises a good faith claim of wrongdoing by a hospital administration.

Language in the bill could protect a third-party physician who becomes a whistleblower in reporting improper peer review to either the hospital administration or the Department of Health.

"Physicians need to be able to freely voice their opinions regarding issues of patient safety, and they need to know that peer review, a vital part of assuring quality patient care, will be conducted fairly and free of bias," Maher said.

Covering the medical staff

A much-discussed case among leaders at the Yakima County Medical Society and often highlighted at WSMA meetings is the Smigaj vs. Yakima Valley Memorial Hospital case. Obstetrician Diana Smigaj, MD, sued Yakima Valley Memorial Hospital in 2010 after the hospital suspended her for 11 days in fall 2008. Dr. Smigaj, a private practice physician who delivered babies at the hospital, said the hospital used peer review to eliminate her from competition and sued for breach of contract, malicious peer review and anti-competitive actions, among other charges. She received a settlement for an undisclosed amount in 2014, which signaled a breakthrough for physicians around the state.

Physicians employed by a hospital already have certain protections against retaliation in law, said Maher. The WSMA bill would expand whistleblower protections to members of a medical staff who are not hospital employees.

"Physicians, regardless of if they are employees or members of the medical staff, need to be able to freely voice their opinions regarding issues of patient safety, and they need to know that peer review, a vital part of assuring quality patient care, will be conducted fairly and free of bias," he said.

Provisions in the draft bill, which was written in response to resolutions from the 2016 WSMA House of Delegates meeting, include protection of the identity of physician whistleblowers, protection from retaliation, and legal remedies, including the ability to file suit seeking damages and attorneys' fees. The bill also provides the ability to seek an injunction in some cases to regain a position or privileges in case a physician has been kicked off a medical staff in a process conducted improperly.

The bill amends the peer review chapter of the Washington statutes to require that any medical staff sanction process that may result in the revocation, suspension or reduction of medical staff privileges or membership be conducted in accordance with medical staff bylaws.

The bill also requires that peer review be conducted according to criteria in the federal Healthcare Quality Improvement Act. The law was established in 1986 to encourage good faith professional review activities of health care entities.

Specific protections of the WSMA bill would ensure non-employed physicians have the same protections regarding peer review and whistleblowing as employed physicians.

Improving peer review

Because peer review is not standardized nationally, hospitals are left to decide how the details of their own processes should go, said Edward A. Walker, MD, MHA, professor emeritus in the departments of psychiatry and behavioral sciences and health services at the University of Washington in Seattle.

continued on page 18

Edward Walker, MD

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Newsclips

As Session Looms, WSMA Sets Legislative Priorities for 2018

The 2018 state legislative session kicks off Monday, Jan. 8. It's a supplemental budget year, scheduled to last 60 days. Democrats have taken control of the state Senate for the first time in five years and they remain in control of the House—yet for both chambers the margins are tight. Addressing the opioid epidemic, stabilizing the state's insurance market and controlling drug costs will be among the topics dominating health care committee meetings in Olympia.

In late 2017, the WSMA Board of Trustees affirmed the association's preliminary legislative priorities for the 2018 session. Highlights include:

Budgetary:

- Medicaid reimbursement—increasing Medicaid rates for all specialties.
- Prescription monitoring program improvements, i.e., EHR integration.
- No taxes on physicians and no cuts to priority programs.
- Protect physician licensure fees and account.

Policy:

- Whistleblower/peer review protections.
- Public health and opiates.
- Market stabilization/health care reform.
- Scope creep.
- Balance billing.
- Administrative simplification.
- Maintenance of certification ≠ maintenance of licensure.
- Drug pricing—transparency, continuity of care.
- Liability.

WSMA members will be updated on our legislative activities via our twice-monthly Membership Memo and on our website **wsma.org/legislative-action**. For more regular updates, subscribe to WSMA's Outreach and Advocacy Newsletter by contacting Trevor Justin at trevor@wsma.org. ●

Medical Quality Assurance Commission Recruiting New Members

The Department of Health is currently accepting applications to fill upcoming vacancies on the Medical Quality Assurance Commission. The commission has openings for one physician representing Congressional District 5; one physician representing Congressional District 9; one physician-at-large; one physician assistant; and three public members.

The commission consists of 21 members, whose goal is to protect the public's health and safety by regulating the competency and quality of health care providers in Washington state. Members' duties include establishing qualifications for licensure for allopathic physicians and physician assistants, ensuring consistent standards of practice, and assessing complaints against physicians and physician assistants. Members meet approximately eight times per year and are expected to review multiple disciplinary cases between meetings.

WSMA members are encouraged to apply. For more information and to apply, visit **go.usa.gov/c2XrH**. Applications must be received by April 6. ●

CDC Launches Initiative to Reduce Unnecessary Antibiotic Prescribing

The Centers for Disease Control and Prevention has launched Be Antibiotics Aware, an educational initiative to raise awareness about the importance of safe antibiotic prescribing and use. As part of its initiative, the CDC is urging health care professionals to prescribe antibiotics only when necessary—and is offering a variety of resources to help spread the word to professionals and patients.

Be Antibiotics Aware focuses on prescribing antibiotics only when needed, and at the right dose for the right duration and at the right time. The initiative has resources to help health care professionals in outpatient and inpatient settings educate patients and families about antibiotic use and risks for potential side effects. Find those resources and more at cdc.gov/antibiotic-use. ●

STD Rates on the Rise

Rates of sexually transmitted diseases in the United States reached record highs in 2016, with 2 million cases of chlamydia, gonorrhea and syphilis reported—the highest ever. Cases of all three diseases increased in Washington in 2016, with chlamydia the most commonly reported STD at 31,193 cases, up 8.5 percent from 2015. Gonorrhea cases in Washington were up 13 percent and syphilis cases were up 25 percent. There were five cases of congenital syphilis, passed from a mother to her child during pregnancy, up from three in 2015.

Health officials emphasize that testing is key, since many with STDs do not exhibit symptoms and don't know they're infected. The Department of Health recommends that anyone under the age of 25 who is sexually active should get tested annually. ●

Physicians Insurance

A case of uncoordinated care

The Ball That Kept Dropping

BY ERIC HOLM

[Author's note: The following case has been modified for privacy protection.]

Dr. Joanne Adler had been in practice less than six months when Sophia arrived for her first appointment. The 36-year-old mother of two took a long time to complete her intake form. It was dense with history that included thyroid cancer, hyperlipidemia and menorrhagia, with additional history of GERD, esophageal stricture and breast pain. Her family history was complicated by cardiac disease, hypertension and hyperlipidemia. No less than six current complaints were listed.

Uncertain about the best way to manage so many concurrent issues, Dr. Adler focused on the chief complaints: sinus problems and headaches. Sophia agreed to the radiology referral for sinus films and to return for a follow-up appointment in four weeks.

She returned three months later with continuing sinus problems. Five months after that, she saw Dr. Adler for acne rosacea. At that time, she mentioned left breast pain, but said she would address it at an upcoming appointment with her gynecologist.

Effective communication with other physicians and providers is essential to ensure continuity in treatment. Too many regrettable situations have grown out of competent physicians assuming the other was taking the lead.

Sophia brought up her breast pain with the OB/GYN at her well-woman appointment a week later, but after an unremarkable physical exam, she was referred for a screening mammogram and ultrasound that showed normal results. She didn't mention breast pain to Dr. Adler on subsequent follow-up visits for the rosacea.

Nearly two years after establishing care with Dr. Adler, Sophia returned with an enlarging left breast mass. By then, Dr. Adler was well-grounded in her practice, and had established protocols for patients with complex health histories and multiple current complaints. Looking back over Sophia's medical record that evening, she felt incredulous that she'd never followed up specifically on the original note about breast pain. She hoped fervently that a surgical referral would end up reassuring them both.

It didn't. Sophia's subsequent diagnosis was invasive lobular carcinoma. After undergoing a double mastectomy, her surgical pathology report identified metastatic adenocarcinoma involving nine of 14 axillary lymph nodes.

It was no consolation to Dr. Adler that three additional physicians were pulled into the eventual lawsuit. The OB/GYN was sued for failure to order a diagnostic mammogram and for not following up on the complaint of breast pain. The radiologist who interpreted the screening mammogram was sued for improperly interpreting the mammogram, which in retrospect demonstrated calcification and an asymmetric density extending from the left to the right breast. A second radiologist who signed off on the report without reviewing it was also sued.

This case offers multiple lessons in care coordination, documentation and establishing care with a new patient. Any of the four physicians might have caught the diagnosis sooner had they adhered to their office policies and tracking systems that ensured follow-up on communication and diagnostic tests.

New patient visits: Is there a monster in the closet?

Your practice probably schedules additional time to evaluate new patients, but consider expanding the visit further for those with complex health histories. Patients with multiple current complaints may well require additional appointments to allow adequate examination and treatment. Ensure that your practice has a tracking system to follow up on complaints with patients who don't schedule return appointments.

Tracking systems need not be complex or expensive. The tracking function included in your electronic medical records system is fine if it allows you to follow up on laboratory and diagnostic tests, cancellations, no-shows and consultations.

That first visit is an ideal time to educate your patients about their role in the health care relationship. Acknowledge their positive health behaviors and encourage them to keep you and your staff informed of all health-related issues. Confirm understanding of the treatment plan by encouraging questions and using the teach-back method in which you ask them to explain your instructions in their words.

Documentation: The witness that has your back

If you encounter deficiencies in your EMR templates and checklists, work with your facility's IT committee to resolve them. Implementing your own "work-around" is fertile ground for claims of negligence or error in treatment. When plaintiff lawyers point out documentation gaps, either in time or information, it doesn't matter that you provided exceptional care. Those sitting in judgment of medical malpractice cases will believe that your "negligent" charting reflected your practice.

Conversely, your summary of informed consent discussions, patient instructions, referrals and return-to-care instructions may end up as the witness that has your back. Documenting patient care within 24-48 hours is another important protection for your patients as well as for you.

Coordinated teams reduce the risk of errors

Medicine is progressively evolving as a team effort. Take advantage of your staff's skills in building rapport through health coaching and referral to resources such as nutritional counseling. Involve your front-office staff in highlighting issues on forms and educate them on the importance of monitoring system breakdown. Establish a process for onboarding new staff and routinely connect with all staff about the daily patient list. Huddles are a short time investment that can yield tremendous benefit. They enable a team to anticipate special situations while building an atmosphere of mutual commitment.

Numerous health care technology companies offer secure messaging platforms to enable the care team to communicate easily while maintaining the required privacy protections. Others provide patient engagement tools to facilitate patient-physician interactions, helping to improve adherence to treatment plans.

If your practice uses a patient portal, follow the written policies for patient portal notification. Establish a notification process to verify that the patient has accessed information sent to them via the portal and document the transactions in the medical record.

Effective communication with other physicians and providers is equally essential to ensure continuity in treatment. Too many regrettable situations have grown out of competent physicians assuming the other was taking the lead. The referring physician should clearly define the expectations of the consultation to both the patient and consulting physician. For example, specify that the referral is for consultation only, with assessment and recommendations to be forwarded to the referring physician, or the referral is a transfer of care for a condition to be addressed by the consultant.

In the case above, Dr. Adler might have said at that first patient visit, "Sophia, I'm referring you to Dr. Smith for evaluation of your breast pain. After you see Dr. Smith, she will forward her recommendations to me. The receptionist at the check-out desk can schedule your appointment with Dr. Smith. I'd also like to see you a week after your visit with Dr. Smith, so we can discuss her recommendations and follow up on your other health concerns."

It's a good idea for the referring physician to speak directly with the consulting physician when there may be a clinically significant issue. A formal letter of referral should then be sent to the consulting physician with a specific definition of expectations. When referring to radiology, include important clinical details and/or physical findings to assist in focusing the radiologic exam.

A team-based approach centered on collaboration with the patient and among all involved physicians and providers will lower your risk of missing important details. By strengthening your tracking, documentation and communication systems you will also likely improve quality scores tied to compensation. These patient safety systems can enhance your professional satisfaction and keep you at the top of your game. ●

Eric Holm is vice president of claims at Physicians Insurance.

The National Scene

A status check on national advocacy efforts

Federal Health Care

BY TIERNEY EDWARDS, JD

For those of us who follow health care policy, 2017 was a whirlwind of a year. We've seen big changes to national health care laws, as well as rules proposed by Congress, the White House and regulatory agencies. Let's take a step back and see where these conversations currently are—and what has been accomplished so far.

Cost-sharing reduction payments

President Donald Trump indicated in 2017 that the federal government would no longer provide the cost-sharing reduction payments that subsidized care for millions of Americans. This raised concerns that such a move would wreak havoc on the individual and non-group insurance markets; insurers have generally argued that without these payments, they would have no choice but to raise premiums. In a press statement, the WSMA expressed concerns that by ending the payments, the Trump administration would further destabilize the insurance marketplace and ultimately increase health care costs for patients.

The WSMA has consistently expressed concerns that the IPAB would come between physicians and their patients, affecting care with an eye toward cutting expenses rather than what would be medically best for patients.

In response to the Trump administration's decision, Senators Lamar Alexander and Washington's own Patty Murray collaborated to introduce a compromise. The bill, named the Bipartisan Health Care Stabilization Act of 2017, would restore the payments, expand outreach efforts for the health insurance marketplaces, give states more flexibility and maintain key patient protections for those with pre-existing conditions. According to the Congressional Budget Office's review of the bill, the proposed legislation would actually reduce the national deficit.

The American Medical Association has come out in support of the plan, urging Congress to pass the bipartisan compromise.

CHIP reauthorization

The Affordable Care Act provided federal funds for health care-related programs, such as the Children's Health Insurance Program, which provides low-cost health coverage to children whose families earn too much money to qualify for Medicaid. In Washington, CHIP provides funding for 60,000 low-income families. Funding provided by the ACA for programs such as CHIP was always set to expire at a certain date.

Stymied by larger repeal-and-replace debates, Congress failed to reauthorize CHIP funding before it expired in September. Developments are ongoing, but as of Nov. 6, the House had passed a bill to fund CHIP for another five years. The Senate, more closely divided along partisan lines, is likely to debate the bill (and how to pay for it) for considerably longer.

The opioid epidemic

The WSMA was pleased to see President Trump declare the opioid epidemic a public health emergency, a declaration that has the potential to offer government agencies flexibility in addressing the ongoing crisis. This aligns with the WSMA's efforts to bring greater attention and deliberate, nuanced consideration to an epidemic that continues to devastate communities across Washington state.

While commendable, a public health emergency declaration does not actually increase resources to address the underlying problem. Congress will need to appropriate funds to bolster efforts to address the growing epidemic.

IPAB repealed

After years of advocating for the repeal of the Independent Payment Advisory Board, the WSMA was pleased to see Congress finally agree. The IPAB is a board of 15 members charged with proposing cuts to Medicare if spending for the program exceeds a certain growth rate. The president can select individuals to serve on the IPAB, subject to the Senate's confirmation, and the secretary of Health and Human Services is entrusted to step in if the board is not comprised. To date, no one has been appointed.

The WSMA has consistently expressed concerns that IPAB, a hypothetically appointed body, would come between physicians and their patients, affecting care with an eye toward cutting expenses rather than what would be medically best for patients.

We are pleased to note that on Nov. 2 Congress made steps toward repealing the authority for this unchecked body by passing H.R. 849 by a wide margin.

If you have questions about federal health care policy and national advocacy issues, please contact Tierney Edwards, JD, at tee@wsma.org. ●

Tierney Edwards, JD, is WSMA's associate director of legal and federal affairs.

Election Update

Campaign checkup

A Special Election for Progressives?

BY SEAN GRAHAM

Anytime a state elected office has a vacancy, a special election must be held the following November to fill the post. Any number of special elections happen each year. And then there are *special* elections.

One of those took place Nov. 7 in the state's 45th legislative district, in the Eastside area of King County around Redmond and Woodinville, a suburban swing district that leans liberal. The stakes were as high as it gets in state politics. A loss for Republicans would swing control of the Senate to Democrats for the first time in five years and usher in one-party rule in Olympia, where Democrats already control the House of Representatives and governor's office.

The race featured two impressive, first-time candidates: Republican Jinyoung Englund, whose background mixed private sector and D.C. experience, and Democrat Manka Dhingra, a King County senior deputy prosecutor. It drew campaign cash like moths to a flame, with upwards of $9 million spent on everything from ads to fidget spinners featuring the two candidates.

The final tally tracked with what had been suggested by public polls and the primary election. Dhingra won by around 10 points, and is set to join a caucus that will govern the Senate with a one-seat majority.

Progressives celebrated the results with a well-earned victory lap, noting that Washington is now one of eight states with governments controlled completely by Democrats, and joins Oregon and California to form what is being referred to as a "blue wall" on the West Coast. The lingering question is whether this was a referendum in repudiation of President Donald Trump and congressional Republicans—as some asserted—or part of the normal ebb and flow of American politics.

Across the country, Democrats picked up state legislative seats and notably flipped two governors' offices from red to blue. A ballot measure in Maine authorized expanding Medicaid. And, after a hotly contested December special election, a U.S. Senate seat was won in Alabama by a Democrat for the first time in 20 years.

These are all noteworthy events, to be sure, and it seems unavoidable to ascribe it to Trump, as all political events now seem to be viewed through a prism of what it means for him and his administration. But if all of this seems familiar, that's because it's the same thing that happened for Republicans in 2009, a year after Barack Obama was elected.

Take two dominant political parties and mix them with a mercurial, divided electorate, and you've got a recipe for an American political system where the party out of power commonly makes gains. That could be owing to voters intentionally trying to create a check on the power of the party in control—or a perpetual case of buyer's remorse.

The legislative session in Olympia is looming and the dynamic between the two parties will undeniably be different—though maybe not as drastically as some would expect.

With the 2018 midterm elections only months away, we'll soon have a better sense of whether this was a one-off event or the leading indicator of a Democratic wave. For the time being, the legislative session in Olympia is looming and the dynamic will undeniably be different, though maybe not as drastically as some would expect.

When the 2018 session convenes, Democratic control of both the House and the Senate will be razor thin. This year's session will be of the "short" 60-day variety, making substantive debate and significant policy change challenging. Legislators will also be eager to finish on time (campaign fundraising is prohibited during session) and wary of controversial issues that could alienate voters or donors.

This year's election may ultimately prove to be of the special variety. But at least for the time being, Democrats looking to make a case for expanding their control in Olympia would likely do so most effectively by resorting to what used to be ordinary politics, reaching across the aisle and building consensus. ●

Sean Graham is WSMA's associate director of policy and political affairs.

Practice Matters

Key highlights of CMS final rule

Medicare Changes for 2018

BY BOB PERNA, MBA, FACMPE

The Centers for Medicare & Medicaid Services has released its final rule-setting policies for Medicare Part B payments in 2018. Here are key highlights:

2018 Physician Fee Schedule—Conversion factor is $35.99.

"Patients Over Paperwork" Initiative—Evaluates and streamlines regulations to ease administrative burden by reducing reporting requirements and removing downward payment adjustments based on performance.

Medicare telehealth services—Adds these codes:

- HCPCS code G0296 (Visit to determine low-dose computed tomography eligibility).
- 90785 (Interactive complexity).
- 96160 and 96161 (Health risk assessment).
- G0506 (Care planning for chronic care management).
- 90839 and 90840 (Psychotherapy for crisis).

CMS will drop off-campus facilities' rates in 2018 to 40 percent of the outpatient prospective payment system rates paid in 2017, likely having a chilling effect on the creation of new off-campus sites.

Eliminates required reporting of the telehealth modifier GT for professional claims and separates payment for CPT code 99091 (certain remote patient monitoring).

Care management services—Adopts CPT codes for 2018 for reporting several care management services currently reported using Medicare G-codes.

Office-based behavioral health services—Finalizes a policy to increase payment for these services by better recognizing overhead expenses for office-based, face-to-face services with a patient.

Evaluation and management codes—Solicits comments for revisions to E&M codes.

Emergency department visits—Assesses whether codes 99281-99385 are potentially misvalued; future rulemaking.

Appropriate use criteria for advanced diagnostic imaging—Requires physicians to use and report AUCs via claims in 2020; voluntarily report from mid-2018 through 2019.

Medicare diabetes prevention program expanded model—Addresses policies on payment structure, supplier enrollment requirements and compliance standards.

Patient relationship codes—Finalizes certain Level II HCPCS modifiers to indicate relationship categories. Reporting is voluntary as of Jan. 1, 2018.

Hospital outpatient departments payment reduction

The long-simmering proposal to reduce Medicare Part B payments to "non-excepted off-campus provider-based" hospital outpatient departments (HOPDs) dates back to a 2013 proposal by the Medicare Payment Advisory Commission to address the disparity between those payment rates compared to physician practices' rates. This change affects practices that are owned by hospitals and located off campus. (For background, see November/December 2015 WSMA Reports.)

In its proposed rule, CMS initially recommended lowering the HOPD rates by 25 percent. However, the final rule will drop off-campus facilities' rates in 2018 to 40 percent of the outpatient prospective payment system rates paid in 2017. While CMS states this policy change will "level the playing field" between HOPDs and physician practices, the reduction is also projected to save CMS about $12 million in 2018 Medicare payments.

The downstream implications are a concern. Those revenues support the hospitals' ability to operate those practices, an option that many physicians have taken in selling their practices and entering into employed relationships. This payment reduction could undermine that pathway. Likely this change will have a chilling effect on the creation of new off-campus sites, which could impact practices that are candidates for closer alignment with their local hospital.

"Virtual groups" option

In 2018, solo practitioners and small practices have the option to form or join a "virtual group" in collaboration with other practices. A virtual group is a combination of two or more taxpayer identification numbers made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together virtually, without restriction on specialty or geographic location.

CMS developed a toolkit outlining the process to become a virtual group (available at the CMS Quality Payment Program resource library at **go.cms.gov/2xt5IzP**). However, the agency caught criticism, as the period for virtual groups to declare that intent ran from just Oct. 11 to Dec. 1, 2017, which many physicians deemed too little time to explore that option for 2018.

For questions, contact Bob Perna at rjp@wsma.org.

Bob Perna is director of WSMA's Practice Resource Center.

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Foundation Focus

2018 marks a turning point with an expanded mission

The WSMA Foundation Turns 50

BY JESSICA MARTINSON

In 1968, American physicians were marveling at the recent advances in medicine that had happened just the year before, including a vaccine for mumps, the invention of the CAT scan and the first human heart transplant.

WSMA Foundation for Health Care Improvement

It likely would not have occurred to them to ask patients for their input on treatment. After all, it was the doctor's job to make those kinds of decisions. They probably would have laughed at the idea of a physician being employed by a hospital, or of an insurance company telling them how much they could charge for their services. They were still getting used to the newfangled Medicare and Medicaid programs that Congress had approved just six years earlier.

Those are just a few of the events affecting the medical profession the year the Washington State Medical Education and Research Foundation was formed. Created by the WSMA primarily to provide grants to members, the foundation was—and remains—an operating component of the association.

Jennifer Hanscom

"Over the past 50 years, our foundation has provided critical education, research and support for projects of interest to physicians and patients. More recently those activities have been tailored to specific physician-led quality improvement efforts where we believe our efforts can make an tangible difference in improving care in Washington state," said Jennifer Hanscom, CEO of both the WSMA and its foundation.

In 2010, the foundation was renamed, formally creating the WSMA Foundation for Health Care Improvement; its focus was turned toward improving health care at the practice level. This year, as the foundation reaches the half-century mark, it is preparing to refine its mission even further.

Fostering communication with patients

The foundation has made significant progress in meeting its two goals: engaging patients in shared decision-making and collaborating with other quality improvement stakeholders to align efforts and generate results. Among its key accomplishments have been the implementation of Honoring Choices© Pacific Northwest and Choosing Wisely©.

Honoring Choices PNW, a joint initiative between the WSMA Foundation, the WSMA and the Washington State Hospital Association, is designed to promote advance care planning and ensure that everyone receives care that honors their values and goals at the end of life. The 26 participating health care organizations have made tremendous strides in a short period of time to discuss and record patients' wishes.

If someone has a medical emergency, physicians will have three possible ways to know their patients' wishes: a prepared health care agent, a completed advance directive and/or the clinic note from the facilitator summarizing the advance care planning conversation. These measures help physicians honor patients' wishes at the end of their lives.

Choosing Wisely, a national initiative of the ABIM Foundation, has enlisted more than 70 medical specialty societies to create lists of "Things Physicians and Patients Should Question." The lists provide specific, evidence-based recommendations for conversations on the risks and benefits of various medical tests, treatments and procedures.

Jeff Collins, MD

Shared decision-making between physician and patient is extremely important, especially with higher deductibles and copays, said Jeff Collins, MD, president of the foundation's board of directors.

"The patient has a much higher first-dollar stake in treatment," said Dr. Collins, a former primary care physician who now is chief physician executive for the Washington-Montana region of Providence Health and Services. "They need to understand what they're buying. [Health care] costs so much; everyone needs to think about that. If the choices you make affect the financial health of your family, you need to think about the pluses and minuses."

Through the WSMA Foundation, there has been an increase in conversations between physicians and patients about choosing care that is: supported by evidence, not duplicative of other tests or procedures already received, free from harm and truly necessary. At its second summit held in October, the Choosing Wisely Task Force reported that Washington state led the nation in implementing strategies to reduce unnecessary care.

Jae Sim, MD

Jae Sim, MD, a primary care physician at Edmonds Family Medicine and vice president of the WSMA Foundation, said she appreciates what the foundation has to offer.

"We've implemented several pieces of the Choosing Wisely campaign at Edmonds Family Medicine," said Sim. "The foundation was a big help in connecting me to resources and support. The biggest difference we've seen is that patients are more informed, and the conversations we have with them about unnecessary care are easier."

Dr. Sim said she appreciates the work of the foundation to provide her with a framework for these important patient-centered responsibilities.

"Physician-led quality improvement is important, but there are so many things a full-time practicing physician has to focus on," she said. "The foundation makes it easier for me to get engaged and make improvements in my practice."

Reconnecting with the joy of medicine

Patients can't help but benefit when their doctors are engaged and enjoying their work. In today's health care environment, that can be difficult.

"The work of everyone in health care, but specifically physicians, has just become much more demanding and stressful," Dr. Collins said. "Every doctor I know wants to be the best doctor he can be. The current environment makes the good work of medicine harder to accomplish."

To address this critical issue, the WSMA Foundation has added a third goal in its three-year strategic plan that launches this year: reconnecting physicians with joy in practice and improving physician wellness.

Physician wellness also has been added as a goal to the strategic plan because burnout is creating a labor supply issue in health care, Dr. Collins said.

"The joy has gone out of their practice," he said. "People are retiring and working less than full time because they can't stand it. … If we can help make it easier to do the good work they want to do and address the external issues, that's a good thing."

While the foundation started as a way for physicians to support patient care education and research, Dr. Collins said, today it has very specific goals "aimed at things they can't do themselves."

Choosing Wisely provides a structure "so the materials don't have to be reinvented by every doctor in every practice," he said. Additionally, Honoring Choices PNW supports shared decision-making to give patients a strong voice in that conversation.

"How does this get back to burnout and physician health?" he asked. "It allows them to have more connection to those more altruistic values that probably led them to medicine in the first place."

"The foundation is at a pivot point," Hanscom said. "The time is right for the foundation to develop its own identity that is complementary to, yet unique from that of the WSMA. With the 50th anniversary of the foundation, we have a prime opportunity to chart our course and launch a fundraising campaign to ensure we can accomplish our key goals."

The work of the foundation is critical, Dr. Collins said, because as much as health care has changed over the last 20-30 years, much more change is coming.

"It's not over," he said. "Artificial intelligence, leveraging of the internet, supercomputing capacity—these kinds of things will really change the roles of physicians in health care. They need to be thinking about that—and it's not necessarily a bad thing. The foundation can help them prepare for that." ●

Jessica Martinson is WSMA's director of clinical education and professional development.

The WSMA Foundation for Health Care Improvement

OUR VISION:
Make Washington the best place to receive care and to practice medicine.

OUR MISSION:
Support and inspire physicians to create a healthier Washington.

OUR GOALS:

- Engage patients in shared decision-making.
- Reconnect physicians with the joy of practice and improve physician wellness.
- Collaborate with other quality improvement stakeholders to align efforts and generate results.

Legal Matters

The WSMA Peer Review Service

The Value of a Neutral Assessment

BY DENNY MAHER, MD, JD

The goals of the 2018-20 WSMA strategic plan recently approved by the board of trustees include stewardship, both of medical practice and patient care. The WSMA sees one important aspect of stewardship as being a resource to bring together different voices—in all aspects of health care—to share ideas and solve problems in a safe and collegial manner. The WSMA Peer Review Service reflects those principles.

Physicians, patients and the requesting institution all benefit from the qualified neutral reviewers the WSMA can provide.

The WSMA Peer Review Service can provide valuable assistance whenever a hospital medical staff or a medical practice determines it needs unbiased, outside peer review. With nearly 11,000 physician and physician assistant members in almost every specialty and practice setting, the WSMA has the resources to match a hospital or clinic in need of external peer review with a well-qualified, independent reviewer. Physicians, patients and the requesting institution all benefit from the qualified neutral reviewers the WSMA can provide.

External peer review may be appropriate when colleagues may be economic competitors, situations are emotionally charged, or if a hospital or clinic does not have a physician with similar training to perform the review. For example, a rural hospital may have only one or two surgeons in a specialty; having an economic competitor review a surgeon's cases could raise concerns about conflicts of interest. Or a clinic, particularly in a rural area, may have only one physician in a medical specialty, with no other physician adequately trained to review the work of the specialist. The WSMA Peer Review Service can help in these situations and others, by providing a high-quality, neutral physician in the appropriate specialty to review the records of the affected physician.

The WSMA has designed its peer review service so that the independent review of medical records takes place confidentially, and the information provided by the reviewer remains confidential as part of the requesting institution's Coordinated Quality Improvement Program (CQIP). Each requesting hospital or clinic provides the WSMA reviewer with a list of questions to be answered about each medical record submitted for review.

The reviewer will answer specific questions and provide additional comments as indicated. The WSMA then sends the reviewer's information directly to a member of the institution's CQIP, maintaining confidentiality of the analysis. The requesting institution will then use that information during its internal peer review process.

While the need for this service may be infrequent, its availability is an essential part of WSMA's service to its members. If we can be of assistance in such a situation, don't hesitate to contact me at dpm@wsma.org. ●

Denny Maher, MD, JD is WSMA's general counsel and director of legal affairs.

Accountable Care Organizations Producing Results

Data from the first two years of the Health Care Authority's new approach to providing medical benefits to Washington state's public employees have so far shown promising results. Starting in 2016, the HCA's Public Employees Benefits Board began offering medical plans in King, Kitsap, Pierce, Snohomish and Thurston counties through accountable care organizations, arrangements in which physicians and providers contracted with the HCA are rewarded based on the value of the care they provide, rather than the volume of care. In 2017, the plan, called Uniform Medical Plan Plus, was expanded to Grays Harbor, Skagit, Spokane and Yakima counties.

Benefits of the UMP Plus plan, in which members can choose between two networks—UW Medicine Accountable Care Network or Puget Sound High Value Network—include in-network primary care office visits at no cost, lower monthly premiums, lower deductibles, no prescription drug deductible, access to a coordinated network of providers and better coordinated care.

Key results include:

- A 52 percent increase in enrollment in the UMP Plus plan from year one to year two. Enrollment in 2016 was 10,000 PEBB Program members; as of October 2017, enrollment was 17,000 members.
- Of members who enrolled in the plan in 2016, 89 percent stayed in the plan the following year.
- Networks improved on nearly all 13 contractually required quality measures.
- Networks outperformed their goals in managing the delivery of care for UMP Plus members, and UMP Plus was the only plan in the PEBB Program to lower premiums for employees at state agencies and higher-education institutions from 2017-18. ●

Healthy Doctors Healthier Patients

Where we've been—and where we're headed

Advocacy for Physician Well-being Continues

BY JEB SHEPARD

Practicing medicine has never been for the faint of heart. There's no responsibility greater, more earnest or demanding than caring for someone's health. Despite the pressure, physicians deliver on providing high-quality care to patients, improving the health of our loved ones and communities.

HealthyDoctors HealthierPatients

However, largely due to recent trends outside a single clinician's control, it's becoming more difficult for physicians to provide optimal care while maintaining their own mental and physical well-being. Study after study indicates what we already know; physicians' professional dissatisfaction is rising dramatically, with more than half of U.S. physicians now experiencing burnout.

Work-life balance is a major culprit, but we also know that physicians are struggling with a never-ending deluge of local, state and federal government mandates; administrative burden; and massive systems changes, such as the supersonic adoption of electronic medical records and implementation of various (and constantly fluctuating) health reform initiatives. Now more than ever, physicians are struggling to find joy and meaning in their work.

To address this critical issue, the WSMA embarked in 2015 on Healthy Doctors, Healthier Patients, a campaign aimed at improving physician satisfaction with a strong focus on decreasing administrative burden. We are pleased to report several accomplishments:

- Successful legislative initiatives, including a measure that standardizes the turnaround time and process for health insurance carriers to credential physicians. Other achievements in Olympia involve protecting workflow and reducing paperwork.
- Comprehensive rules from the Office of the Insurance Commissioner that standardize administrative processes and ensure transparency for prior authorization programs for medical services[1].
- Contribution to the AMA prior authorization principles that have informed our discussions with insurance carrier leadership.

For more detail about the campaign's achievements to date, visit **wsma.org/healthy-doctors**.

As we begin a new year, it's obvious that Healthy Doctors, Healthier Patients is as critical now as the day we started. The initiative will continue to focus on reducing administrative burden, but in the coming months, we'll be looking at ways to address the everyday systems issues that add to the frustration and burnout plaguing our physicians.

The Healthy Doctors, Healthier Patients initiative is as critical now as the day we started.

For example, we are working on legislation this session that would protect physician whistleblowers, regardless of employment status, from retaliation, and clarify requirements for proper peer review. If successful, the law would promote patient safety and reduce pressure on physicians by providing them avenues to report concerns about safety, fraud and abuse, free from fear of retaliation. The goal is to protect the integrity of the profession and help medical facilities fix small issues before they adversely affect patient care (see our cover story for more on this issue).

To ensure the continued success of Healthy Doctors, Healthier Patients, we need to hear from you. Please tell us how the WSMA might address the drivers of burnout you experience in your practice—send your thoughts to me at jeb@wsma.org. Together, we will make Washington state the best place to practice medicine in the country.

Jeb Shepard is WSMA's associate director of health policy and regulatory affairs.

[1] *https://priorauth.wsma.org*

WSMA Coding and Claims Assistance

In an era of increasing insurance carrier and government mandates, it can be harder than ever—and administratively taxing—to get paid for the critical services you provide to patients. The WSMA offers services for members and their practice staff that can help. Visit the WSMA Coding Hotline at **wsma.org/coding-hotline** or contact our certified coder Michelle M. Lott, CPC, CPMA at 800.552.0612 or mml@wsma.org to learn more.

EVENT PHOTOS: Andrea Peer Photography

2017 House of Delegates

‘Our Guiding Principle is Clear’

BY MILANA McLEAD

Facing the changes, challenges and chaos of health care reform head-on, more than 300 physicians and physician assistants gathered in October to tackle key issues through resolutions, debate and policy-setting. Convening from across the state at the Hilton Seattle Airport & Conference Center, delegates and members brought enthusiastic participation to WSMA’s 127th House of Delegates.

Thirty-six member-driven resolutions, featuring issues such as scope of practice, the opioid epidemic, homelessness, public health and more, met with robust debate and thoughtful testimony via the reference committees and House of Delegates sessions.

A key driver for the WSMA, the House of Delegates is a deliberative and democratic body that helps govern decisions and policies on issues of concern to the medical profession. In a process managed via parliamentary procedure, a diverse range of voices and opinions yields healthy debate where all have an opportunity to be heard.

“Everyone is encouraged to participate,” urged Nariman Heshmati, MD, at the annual first-timers and early career physician welcome breakfast. “This is where you can get your points across.”

And they did. The committees and house heard animated—and, at times, passionate—testimony from members ranging from medical students to longtime physicians to physician assistants. Some resolutions passed with little comment, while many received deep discussion and encountered close voting, so close that Speakers Richard Whitten, MD, and Deborah Harper, MD, often called for votes by electronic clickers rather than spoken “yeas” and “nays” to ensure the will of the majority was heard.

Beyond the formal Robert’s Rules of Order activities, numerous additional activities kept participants engaged over the course of the weekend meeting. Members inaugurated a new president, elected a new board of trustees, approved a three-year strategic plan, recognized award-winning patient safety work and honored physicians practicing 50 years. More than 100 physicians attended the WSMA/Physicians Insurance-sponsored suicide prevention training, held the day before the meeting. Further,

the Washington State Radiological Society held its annual meeting alongside WSMA, while the participation of 15 exhibitors and sponsors supported the event.

The event also hosted several notable speakers, including Washington State Attorney General Bob Ferguson, who addressed WAMPAC luncheon attendees, as did Sen. Karen Keiser; Sen. Ann Rivers, who received WSMA's Legislator of the Year award; and Kim Schrier, MD, an Issaquah pediatrician who is running for Congress in the 8th District to replace the seat vacated by Dave Reichert.

In her inaugural speech, incoming President Donna Smith, MD, spoke to the profession's concerns of the day: "We are currently navigating an unprecedented amount of chaos in our profession. I don't have to tell you that these are unsettling times. Partisan rigidity—the new normal of health care reform—isn't helping us see a clear path."

Even so, Smith went on to declare that there is a silver lining: "Threats force clarity around what really matters. Threats focus us on core values, making the way forward crystal clear. ...our guiding principle is clear: Patients first. Period."

In a tangible expression of that fundamental truth, the WSMA presented its annual William O. Robertson Patient Safety awards. Established in 2005 and named after the late William "Robbie" Robertson, MD—a WSMA past president and a champion for patient safety—the award recognizes innovative patient safety initiatives.

An Award of Excellence was presented to The Everett Clinic for its work on addressing the opioid epidemic in its patient community. "We are honored to be recognized by the Washington State Medical Association in the collaborative effort to curb opioid abuse within our community," said Kent Hu, MD, associate director of quality and safety at The Everett Clinic. "We truly believe that we are doing innovative, and most importantly, patient-centric work that honors our commitment to addressing the opioid issues our community is facing." Chief Medical Officer Al Fisk, MD, Dr. Hu, and occupational medicine physician Dianna Chamblin, MD, accepted the award.

Jefferson Healthcare received an Award of Achievement for its work to improve communication, teamwork and collaboration to significantly reduce adverse events. After training its entire clinical and non-clinical staff using the evidence-based teamwork approaches of TeamSTEPPS and Just Culture principles of accountability, Jefferson Healthcare decreased the number of patient falls with injury, reduced re-admissions, and continues to report zero health care-acquired pressure ulcers. Jefferson Healthcare's CEO Mike Glenn accepted the award on behalf of the organization.

An Award of Achievement also was presented to The Vancouver Clinic for its work on standardizing and improving its process for patient advance care planning through the Honoring Choices® Pacific Northwest initiative. Since adopting the initiative, the clinic has held 157 advance care planning


Socializing at meal times.


WSMA 2017 Legislator of the Year, Sen. Ann Rivers.


Young Physicians Section governing council.

The Everett Clinic received WSMA's Patient Safety Award of Excellence.

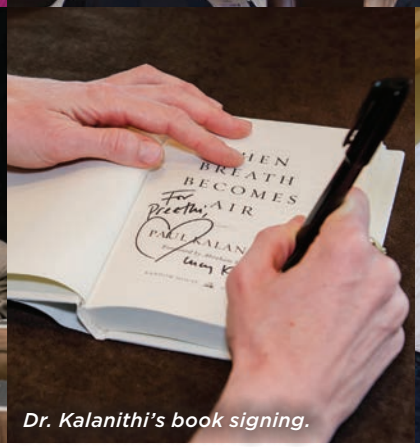

WSMA past presidents.


Reference committee.


WSMA CEO Jennifer Hanscom.


WSMA President Donna Smith, MD and keynote speaker Lucy Kalanithi, MD.

Dr. Smith at her inaugural address.


Dr. Kalanithi's book signing.


Members visit the exhibit hall.

conversations (discussions between patients and facilitators on the patient's future treatment preferences), 72 percent of which included the health care agent, which is the gold standard, and all of which were documented in the electronic medical record. Katie Pence, PA-C, from The Vancouver Clinic accepted the award on behalf of the organization.

Supporting the emphasis on patient-centered care, the WSMA hosted Lucy Kalanithi, MD, widow of the late Paul Kalanithi, MD (author of "When Breath Becomes Air"), in a keynote conversation with Dr. Smith. The wide-ranging conversation touched on many topics related to end-of-life care, but perhaps their discussion about experiencing the identity crisis as Paul Kalanithi transitioned from physician to patient was the most poignant.

"The upheaval of identity was so striking; that piece was almost as hard as dying," Lucy Kalanithi said. "It was striking to have that realization of this is what it's like on the other side."

The overarching themes of compassion and care at the heart of Dr. Smith's inaugural address were intended to encourage listeners to "remember your why," and to be inspired by the calling of medicine. She urged her audience: "Take a moment to remind yourself of the words of William James, philosopher and psychologist: 'Act as if what you do makes a difference. It does.'" ●

Milana McLead is WSMA's senior director of strategic communications and growth.


Members visit the exhibit hall.


Early career members.

House of Delegates.


Alex Hamling, MD.


Having fun.

Protecting Physician Whistleblowers

continued from page 2

When he was training, he said, a single letter of support could serve as peer review. The process has continually improved, but it is still too informal.

"I think peer review is a joke in a lot of hospitals," he said, adding that many hospitals don't use data well in their evaluations or use only recent data when long-term data should be reviewed.

Michael Callahan

Chicago-based health care attorney Michael Callahan said the whole process of peer review should be under a microscope as a result of accreditation standards, Medicare conditions of participation, and state and federal law.

Health care providers are among the most regulated entities in the country. But despite that attention, instances of poor peer review have and will continue to happen, said Callahan, who recently chaired the Medical Staff Credentialing and Peer Review Practice Group of the American Health Lawyers Association.

Investigations of physicians can often be avoided with a climate of education rather than blame, he said, and one-on-one conversations and collegial intervention.

"I've done more than 200 hearings in my career," Callahan said. "When I give presentations, I say 70 percent of these would not have been necessary if the physicians felt comfortable enough to say 'I made a mistake' or 'I could have done better.'"

He pointed to the concept of Just Culture, which recognizes the potential for human error and promotes addressing problems early on. It encourages open reporting of adverse events and potential risks, while holding people and organizations accountable in a just way. (Jefferson Healthcare, which the WSMA recently honored with a William O. Robertson Patient Safety Award of Achievement, has trained its entire staff in the Just Culture principles.)

"If it goes to a hearing, it's going to litigation," Callahan said. "It is an extremely expensive process that has a chilling effect on efforts to improve patient care."

Dr. Walker said peer review should be like a car's detection warnings, which range in seriousness from a low-gas alert to a need for maintenance to engine failure.

"If the car is smart enough to detect short-, medium- and long-term serious malfunction, then so should peer review," he said.

Above all, peer review has to be fair, without bias or motivation from special interests, and accurate, Dr. Walker said, meaning that whatever is being measured has to be measured accurately.

It also should be a comprehensive, evidence-based review that includes input from nurses and staff and should include both medical and communication skills, he said.

Hospitals should know that the better your peer review is, "the more defense you have later on," Dr. Walker said.

"Peer review is physicians holding themselves accountable and policing themselves," he said. "When someone gets detected and the peer review process didn't catch it first, the peer review system is just as guilty as the person who made the errors." ●

Marcia Frellick is a contributing writer to WSMA Reports.

Classifieds

PHYSICIAN WANTED—FAMILY MEDICINE, WASHINGTON

We are Kaiser Permanente and the Washington Permanente Medical Group and we are Revolutionizing Care!

At Kaiser Permanente, we are relentless in our pursuit of excellence. Driven by our mission to provide the highest quality preventive medicine, we are committed to eliminating health care disparities, and to making lives better through innovation, technology and research.

Our desire to deliver the best possible care inspires us to promote wellness among our members, communities and each other. It also fuels our belief that everyone — regardless of circumstance — deserves access to affordable care, which further drives our motivation to expand our reach.

We have 25 clinics in the state of Washington and we are growing! Whether you love the hustle and bustle of the city or the quietness of a small town we have a community setting for everyone.

We are seeking talented family medicine providers to join our team. You must be, board-eligible/board-certified and have successfully completed a US residency. You must have or obtain an unrestricted Washington state medical license, an unrestricted federal-issued Drug Enforcement Administration (DEA) and you must be committed to providing extraordinary care. You bring us your talent and we will provide you with the tools to THRIVE.

We offer a very competitive salary, excellent benefits, significant sign on bonuses and a schedule with no call.

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For more information, contact Grace Seto, Property Manager of 76th Professional Commons, at mastgech@yahoo.com or call (425) 220-0564. Or contact Kent Gregory, Principal Architect, at kgregory@tgbarchitects.com or call (425) 778-1530.

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Newsmakers


Douglas Wood, MD

WSMA member **Douglas Wood, MD,** of Seattle was elected to the American College of Surgeons Board of Regents at the organization's Clinical Congress meeting in San Diego in October. Dr. Wood, a cardiothoracic surgeon, serves as chair of the department of surgery at the University of Washington School of Medicine and leads UW's Thoracic Oncology Program. Dr. Wood previously served as president of the Seattle Surgical Society, the Western Thoracic Surgical Association and the Society of Thoracic Surgeons.

WSMA member **June Bredin, MD,** of Ellensburg was appointed in September to the board of directors of Washington FamilyMedPAC, the non-partisan political action committee run by the Washington Academy of Family Physicians. Dr. Bredin, a family medicine physician at Kittitas Valley Healthcare in Ellensburg, is the immediate past-president of WAFP and serves as the WAFP delegate to the WSMA.

WSMA member **Rayburn Lewis, MD,** of Seattle was named chief medical officer of Seattle-based International Community Health Services in October, after serving in that role in an interim capacity since July. ICHS' mission is to provide culturally- and linguistically-appropriate health services to the region's medically underserved and uninsured communities. Dr. Lewis, an internal medicine physician, most recently served as CEO of Swedish Issaquah until his retirement in 2016.


John Vassall, MD

WSMA member **John Vassall, MD,** of Seattle was appointed physician executive for quality and safety at Qualis Health in October. Based in Seattle, Qualis Health provides health care consulting services to clients across the country. Dr. Vassall will provide strategic leadership, clinical insight and technical expertise to support the organization's patient safety and quality improvement initiatives. Dr. Vassall most recently served as chief medical officer of Swedish Health Services until his retirement in 2017. He also serves on the WSMA Board of Trustees and on the board of directors of the WSMA Foundation for Health Care Improvement.


Kyle Yasuda, MD

WSMA member **Kyle Yasuda, MD,** of Seattle was recently elected president-elect of the American Academy of Pediatrics for 2018. Dr. Yasuda is a clinical professor emeritus of pediatrics at the University of Washington School of Medicine, and serves as the medical officer for children and families for Public Health Seattle King County. He is also a past president of the Washington Chapter of the AAP.

WSMA member **G. Thomas Miller, MD,** of Spokane was elected chair of the Spokane County Medical Society's Senior Physicians committee in October. Dr. Miller served as chief medical officer of Providence Sacred Heart Medical Center in Spokane from 1998 until his retirement in 2006. ●