

Letter from the Assistant Secretary



We knew autumn was here even before it was official on September 23. Everyone watched the temperatures drop, the rain arrive, the leaves turn and the kids start their first day of school. With the fall weather comes new health challenges.

This is a great time to review your family's medical histories. We know kids have to get their shots for school and physicals for sports, but sometimes we forget adults should keep up to date on their health as well.

Autumn also brings the cold and flu season – which generally lasts from October through May in the U.S. Studies say people get an average of about three colds per year. Those around children get even more.

Although we don't know exactly why the flu is seasonal, we do have some good ideas. People are inside more often and for longer periods of time. Spreading germs is easier when we are indoors and close together. Cold temperatures mean drier air, which can reduce some of the body's defenses. School starts, throwing more kids into close proximity. And Vitamin D production changes with the season, possibly affecting the immune system.

The department is always looking for new, upcoming viruses, but we must remember to fight the diseases we already know about so be sure to get your flu shot. Keep an eye out for flu shot clinics in your area or set up an appointment with your provider. And, of course, wash your hands!

On November 7, daylight savings time ends. As you set your clocks back, remember it is getting darker earlier and lighter later. We need to make sure we are extra careful while driving.

The crash rate soars as the days get shorter, roads get wetter and visibility declines. Keep an eye out for people walking, jogging and riding their bicycles. Be careful if you are on the roads. Wearing reflective clothing is a great way to protect yourself.

This is a beautiful and joyful time of year. Please remember to be and stay safe.

Karen Jensen

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Updates

Increasing Fees - Effective October 15, 2010, the Department of Health is [raising fees](#) for 17 health professions. The professions include: Acupuncturist (East Asian Medicine Practitioner), Dentist, Dental Assistant, Denturist, Mental Health Counselor, Social Worker, Midwife, Registered Nurse, Licensed Practical Nurse, Advanced Registered Nurse Practitioner, Nursing Technician, Nursing Assistant, Optometrist, Radiologic Technologist, X-Ray Technician, Recreational Therapist, and Respiratory Care Practitioner. State law requires health professions to be self-supporting through fees paid by the profession's practitioners. Fees are set based on revenues and expenses. Costs include credentialing, renewal, complaint intake, investigations, discipline, and administrative activities. They also include support for boards, commissions or committees.

Pain Management Rules - The 2010 legislature passed a bill ([ESHB 2876](#)) requiring five health profession boards and commissions to adopt rules about managing chronic, noncancer pain. These boards and commissions must adopt rules that are effective June 30, 2011. The boards and commissions are working together and have selected representatives for a workgroup. The workgroup will finish work on draft pattern rules in October 2010 for consideration by each board and commission. The workgroup held four public meetings and plans to hold another on October 18. Stakeholders are participating. You can find more information on the [pain management website](#).

Cultural Competency - We have a new resource to help health care providers serve diverse patient populations. The legislature passed a law in 2006 to encourage multicultural health awareness education and training for providers. It requires schools to provide it as part of a training program. The [Cultural Competency in Health Services and Care – A Guide for Health Care Providers](#) is a valuable tool in that effort. All practitioners can get the guide on our website. It is intended to increase the knowledge, understanding, and skills of those who provide health care in cross-cultural situations.

Updates Continued

Injury Prevention -We are one of three states developing coordinated messaging strategies for injury and violence prevention. The “Framing Injury Prevention Project” through the Centers for Disease Control and Prevention (CDC) is a year-long process that will enhance prevention messages and message delivery. Our Injury and Violence Prevention Program chose to focus its efforts on reducing prescription pain medication misuse and abuse by teens. The CDC, Department of Health and local partners are developing strategic communications for parents of high school students who play sports. These messages will educate parents and teens about the risk of using prescription pain medication. The project ends in February 2011. The lessons we learn will aid future communication initiatives about injury and violence prevention. For more information on the “Framing Injury Prevention Project” please contact [SueAnn Reese](#).

Prescription Pain Medication Overdoses - Deaths caused by prescription pain medication overdoses are on the rise in Washington. Between 2003 and 2008, the state death rate of prescription pain medication overdoses nearly doubled. The Department of Health offers several resources for health care providers, parents, and patients on the [Take as Directed](#) webpage. Health professionals can find information about safe and effective prescribing. We created a [patient education brochure](#) to inform patients about how to safely use their prescription pain medicine. The brochure lists possible signs of an overdose and what to do when you observe an overdose. It also discusses the recently passed Good Samaritan Law, which allows immunity on drug possession charges for anyone who is either experiencing or witnessing and reporting an overdose.

Prescription Monitoring Program - We have been awarded two federal grants to support the [Prescription Monitoring Program](#). The funding allows us to re-start the work we began in 2007. The Prescription Monitoring Program was suspended in December 2008 due to the state revenue shortfall. We will develop rules, identify a contractor to collect the data, and provide important information to healthcare practitioners, regulatory authorities and law enforcement. On-going funding for the program is uncertain at this time. We will proceed with implementation and work with our stakeholders to find funding to sustain the program.

Featured Measure

Counselor Transition



The department met a milestone on July 1. On that day, we officially abolished the registered counselor credential and completed the transition to eight [new counseling professions](#).

The new professions were established on July 1, 2009. We had a year-long transition of registered counselors to these new professions. This state legislation passed in 2008. It took a taskforce and work group more than two years to implement the bill.

The new professions require more education and background checks for individuals to become credentialed. This protects patients and offers more skilled counselors.

When we began this work, there were about 19,000 registered counselors. We expected 17,250 applications for the eight new professions. Between July 1, 2009 and August 1, 2010 we received 11,153 applications for the new professions and 1,822 for licensed counselor professions.

We issued 9,589 by July 1. At the end of that day, we changed 22,860 registered counselor credentials in the system to “expired- profession discontinued” status.

And, on June 30, our credentialing staff issued all credentials for those with a completed application, and contacted all others with applications that were incomplete or needed clarification. It was a great accomplishment.