

## Letter from the Assistant Secretary



Autumn is one of my favorite times of the year. I always look forward to seeing the kids start school, and watching the leaves and weather begin to change. Because parents need to get their kids in for their annual physical, it is a good reminder for them to get theirs as well.

A trip to the doctor in the fall is a perfect time to get a flu shot and check on other immunizations we need as adults. Immunizations are a hot topic lately, especially with decreasing rates and increasing outbreaks of vaccine-preventable diseases.

Studies show that vaccination rates among healthcare providers are low, but they also show that healthcare providers are patients' most trusted source of information when it comes to immunizations. By getting vaccinated themselves, providers can set an example for others and also help stop the spread of disease to their own patients. Patients listen when providers talk about vaccinations too.

A new immunization law signed by the Governor last session encourages this type of discussion between healthcare providers and parents. For parents who want to exempt their child from vaccine requirements for school or child care, the new law requires them to get information on the benefits and risks of immunization from a healthcare provider before they claim an exemption.

Now, a healthcare provider must either sign the [Certificate of Exemption](#) or a letter confirming that the parent or guardian got this information. This is good news for our state, where we have one of the highest kindergarten exemption rates in the country – 6.2 percent compared to the national average of less than two percent.

Don't forget to ask your provider about your own vaccinations this fall! Parents and providers can both get more details about immunizations, exemptions, and the new law on our agency's [Office of Immunization and Child Profile](#) Web pages.

*Karen Jensen*

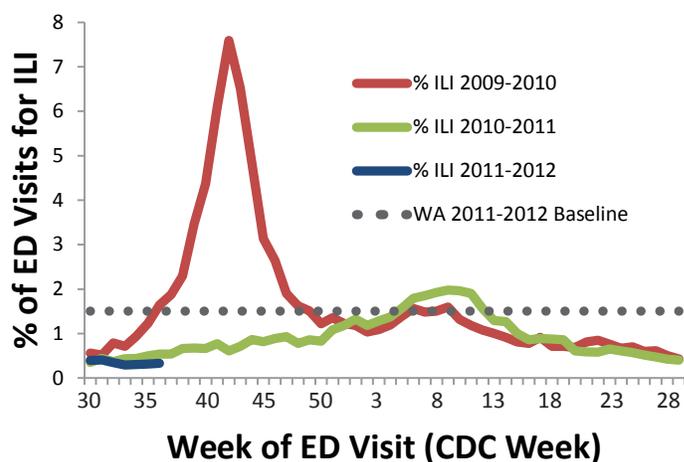
Karen Ann Jensen, Assistant Secretary  
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## Featured Performance Measure

**Outbreak Tracking** - At the department we collect syndromic surveillance data from 44 emergency departments in 16 local health jurisdictions. We do this to monitor known outbreaks, track influenza-like illness activity, identify potential notifiable conditions, and to evaluate public health emergencies in near real-time.

Syndromic surveillance uses electronic systems to acquire surveillance data. In an effort to have more timely information, this type of surveillance uses patient symptoms and groups them into broad categories, or syndromes. Examples of syndromes include respiratory or gastrointestinal. Once the system is setup, it serves as a ready-made source of surveillance data during an event or emergency.

We now receive data on inpatient hospitalizations, with coded diagnoses, along with microbiology laboratory results from 17 facilities. The new data serves as a valuable resource for conducting population level, disease-specific surveillance for high volume conditions (e.g., influenza hospitalizations).



This graph shows the percentage of all emergency department (ED) visits per week for influenza-like illness (ILI) for three influenza seasons, July-June. The large peak in visits during the 2009-2010 season indicates the 2009 H1N1 pandemic. We found the 2010-2011 season to be very mild with most visits occurring in late winter. Influenza-like illness activity is currently very low.

## Updates

**Changes to Health Professions Fees** – Under [state law](#), each profession must be self-supporting through the fees that licensees pay. The 2011 legislature authorized the department to increase fees for [20 health care professions](#), pharmacy entities, and humane societies. The new fees will be effective December 1, 2011. The 2011 legislature also passed [Substitute Senate Bill 5071](#) that adds a fee for marriage and family therapists and midwives to access the HEAL-WA online web portal through the University of Washington. This new fee will be effective January 1, 2012.

**Moving into the electronic age!** – We have been diligently working toward an accessible and efficient internet tool for renewal of health profession licenses. This fall, we will be ready to test a new on-line process for four professions: surgical technologists, pharmacy technicians, naturopaths, and social worker associates/independent clinical. At the end of the test project for these professions, we will phase in the remaining health professions. Stay tuned as we roll-out this improvement in our renewal process that many of you have been waiting for!

**Emergency Cardiac and Stroke System** – The goal of [Washington's Emergency Cardiac and Stroke System](#) is reducing the time it takes for people having a heart attack or a stroke to get appropriate medical care. Our goal is to get the right patient to the right facility in the right amount of time to maximize the chance for effective treatment and the best chance for full recovery. We are launching the system in phases across the state. We modeled this on our state's trauma system. Both systems use a pre-planned, coordinated approach to emergency care that gets the right patient to the right place as quickly as possible. The new system improves care by sending patients to the best rather than closest facility for their condition. Faster treatment in the right facility can significantly reduce the risk of death and disability.

**Prescription Monitoring Program** – Prescription drug misuse is a national and local problem that has caused an alarming growth in overdose deaths, hospitalizations, admissions for substance abuse, and other non-medical use. We are implementing a Prescription Monitoring Program (PMP) to address this problem. The program uses a [system](#) to collect records of dispensed controlled substances and makes the information available to medical providers and pharmacists as a tool in patient care. Dispensers can create an online account to begin mandatory weekly submissions. They began submitting data on October 7. We plan to allow practitioners to request patient information starting January 4, 2012.

**Transparency in Discipline** – This year, the legislature passed [House Bill 1493](#) to make sure we keep complainants in health discipline cases well informed about the process. The bill reinforces several existing processes such as the opportunity to provide additional material, request a copy of the file when the investigation is finished, ask for reconsideration when a case is closed if new information is provided, and receive notice of the final outcome of a case. The bill also gives complainants or their families the chance to provide an impact statement to the disciplining authority describing the effects of the person's injury, if any.

**Consolidated Business Guide** – On the Governor's Office of Regulatory Affairs website, you can now find the [Washington State Small Business Guide](#). We were part of a cross-agency team created to develop this one stop, Web-based, resource on everything you need to plan, start, run, and grow your small business. It answers questions about licenses, permits, taxes, hiring employees, getting a loan, finding resources, and much more.

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**Sunrise Reviews** – We conduct sunrise reviews as an evaluation of a legislative proposal to add a new health profession, increase the scope of practice of an existing health profession, or add a new insurance mandate in Washington State. When requested by the legislature, we review proposals to determine if they are in the best interest of the public. Based on the review, we make recommendations to the legislature on whether a proposal should be enacted. We review proposals impacting health professions according to criteria in [Chapter 18.120 RCW](#), and review proposals to add new insurance mandates according to criteria in [Chapter 48.47 RCW](#).

Our division is reviewing two sunrise proposals for the 2012 legislative session:

- Regulation of medical assistants. Medical assistants are currently unregulated in Washington State.
- Coverage of prosthetics and orthotics. The proposal would require health insurance carriers regulated under state law to cover prosthetics and orthotics at least equivalent to the coverage provided by the federal Medicare program.

For more information on sunrise reviews, please visit our [Sunrise Web page](#).