The meeting of the Washington State Board of Osteopathic Medicine and Surgery was held at Hampton Inn and Suites, 21109 66th Ave. S., Kent, WA 98032.

Board Members Present: Catherine Hunter, DO, Chair
John Finch, DO, Vice-Chair
Roger Ludwig, DO
Shannon Phipps, DO
Lisa Galbraith, DO
Kimberly Morrissette, DO
Kevin Ware, DO
Joel Quiroz, PA-C

Staff Present: Susan Gragg, Program Manager
Brandon Williams, Program Assistant
Heather Carter, Assistant Attorney General
Sara Kirschenman, Supervising Staff Attorney

Guests Present: Michael Farrell, Staff Attorney WA State Medical Commission

Open Session

1. **Call to Order.** The open public meeting was called to order by Catherine Hunter, DO, Chair, at 9:06 a.m.
   1.1 Introduction of the board, staff, and guests. Board members, staff, and guests each provided a brief introduction.
   1.2 Approval of agenda. The January 11, 2019 agenda was approved with the deletion of Item 3.1 HEAL-WA presentation.
   1.3 Approval of November 2, 2018 business meeting minutes. The November 2, 2018 business meeting minutes were approved as presented.

2. **Old Business – DISCUSSION/ACTION – Catherine Hunter, DO, Chair**
   2.1 Rule Workshop. The board discussed the following rule projects:
   2.1.1 Full chapter review – Chapter 246-853 WAC | updated language from last meeting
   The board had requested the CE rules be revised where certification or recertification would count for CE. Ms. Gragg reported that such language already exists in 246-853-080. She added language in 246-853-070 Categories, identifying creditable continuing medical education that would count for those individuals who are unable to satisfy the requirements of rule of -080.
MOTION: The motion was made to approve the changes as presented and to authorize moving forward with the CR 102 to file for a rule hearing. The motion passed.

2.1.2 New rule sections for Chapter 246-854 WAC (Physician Assistants)
   2.1.2.1 Military Spouse (WAC 246-854-076)
   2.1.2.2 Reentry to practice requirements (WAC 246-854-086)

MOTION: The motion was made to accept the new rules sections for WAC 246-854-076 Military spouse, and for WAC 246-854-086 Reentry to practice requirements as presented. The motion passed.

2.2 Medical Commission Communication and Resolution Program (CRP)
The board discussed the commission’s procedure and experience in processing and considering CRP cases with Mike Farrell, the commission’s Policy Development Manager. Main points discussed:

- Background – In 2011 the medical commission wanted to be more proactive and preventative in medical error. Systems were identified as the primary cause of medical errors. The approach was to fix systems rather than punish physicians.
- Communication Resolution Program – When an unanticipated outcome occurs the physician informs the patient immediately and explains the investigation of root cause analysis. Reports are provided to the patient along the way. If an error occurred, the provider apologies and patient is offered compensation, and the cause of the problem is fixed.
- Certification – An independent event review board within the Foundation of Healthcare Quality offers hospitals or institutions to have their CRP reviewed. The board provides feedback with their approval or rejection of certification.
- CRPs are protected by statute. They are not discoverable and not subject to public disclosure.
- Process: The medical commission receives a (mandatory) malpractice report; the physician may submit a CRP report to the commission; the commission is mandated to investigate.
- This is an improvement on our current disciplinary process. It encourages early and often reporting (within two years vs. four to seven); systems are improved; and lessons are learned through de-identified reports being disseminated to every hospital and institution in the state.
- CPRs do not apply to repeated cases of negligence, incompetence, reckless behavior, impairment, or intentional behavior.
- When an unanticipated outcome occurs any provider who is involved has a duty to report it, and the process is started.

The board decided to do more study of the CRP program and consider pursuing its adoption.
2.3 Opioid prescribing rule follow-up
The board heard a report on the latest efforts in assisting licensees with understanding and complying with the new opioid prescribing rules.
- Presentations to the public work to assuage concern of onerous requirements and disciplinary consequences.
- Educational videos are on the DOH website including a follow up exam that meets the CME rules requirement.
- A draft governor bill is in process. The bill, as drafted, would weaken some of the rules the HB1427 task force had adopted with regard to treatments and behavioral health issues.

3. New Business—DISCUSSION/ACTION—Catherine Hunter, DO, Chair
3.1 HEAL-WA presentation
The presentation on the University of Washington, Health Sciences Library, HEAL-WA program was deleted from the agenda. (Item 1.2 above.)

3.2 Newsletter
The board reviewed a draft of the first Board of Osteopathic Medicine and Surgery newsletter. Take away:
- Newsletters are published to the DOH profession’s webpage and notification of its publication, including a hyperlink, is issued through GovDelivery.
- A readership analysis report is available.
- Articles considered:
  - Description of what the board does.
  - Issues and projects the board is currently working on.
  - Disciplinary actions noting statistics and issues and not names, as educational pieces. (Fixing problems rather than shaming practitioners.) Include links to related codes and laws.

3.3 New Law Regarding Breast Density Notification
Ms. Gragg reported on a new law (Engrossed Substitute Senate Bill 5084, Laws of 2018) regarding breast density notification.

A new law was passed in 2018, effective January 1, 2019, requiring facilities to note a patient’s breast density in the summary report from a mammography; and a specific statement must be included when dense breast tissue is discovered. There was no requirement for DOH until a radiologic technologist’s question was raised. A “Practitioner Notice Providing Patients with Information Regarding Breast Density” has been published to help answer practitioner’s and patient’s questions. Included is a statement about health insurer’s having different polies regarding supplemental or alternative screening tests.

3.4 Correspondence
No correspondence had been received since the last meeting.
4. **Program Reports—DISCUSSION—Susan Gragg, Interim Executive Director and Program Manager; Heather Carter, AAG Adviser**

Ms. Gragg and Ms. Carter updated the board on the following department issues and issues specific to the board’s professions:

4.1 **Budget and fee update**

Discipline cases contribute to overspending. The overall budget remains well balanced. Fees are not changing and being considered for change.

4.2 **Statistics reports**

There are currently 2202 active osteopathic physician licensees, and 117 active assistants. The number of disciplinary cases has increased nearly 50 percent over the past year.

4.3 **2019 conference call schedules**

The 2019 calendar of scheduled regular meetings including conference case review call dates and times was presented and discussed.

4.4 **Continuing education audit report**

Two audits have come in since last meeting that were fine. Four additional reports have come in identifying three practitioners who have not responded. After checking for accurate contact information, a notification of infraction will be issued.

4.5 **Recruitment update**

4.5.1 **Board public member**

Recruitment is active. No applications have been received.

4.5.2 **Executive Director**

Recruitment has ended and applicants are being considered for interview.

4.5.3 **Program Manager**

Recruitment has ended and applicants are being considered for interview. Because an interim is serving as executive director (i.e., Ms. Gragg) interviewing for the program manager position is priority.

4.6 **Addendum Items**

4.6.1 **Potential legislation regarding physician assistants**

The Washington State Academy of Physician Assistants (WAPA) is pursuing draft legislation (not sponsored to date) that would move all PAs to the medical commission. The osteopathic board would continue oversight of osteopathic physician assistants for 12 months after which PAs would have to apply to the medical commission. This bill has not yet been filed as an official bill. If it is filed and comes up in a Legislative Meet-Me-Call, osteopathic board representatives may notify the department of the board’s position.

**Determinations:**

- Invite representatives from WAPA, WOMA, and WSMA to speak with the board about the issues and the proposed legislation.
- Draft a letter to the pursuing organization(s) to explain the board’s position, encourage dialog, and propose ideas.
- Staff will keep the board informed about the progress of the draft proposal.

4.6.2 **Federation of State Medical Boards House of Delegates and Annual Meeting**

A board representative and an executive staff are invited to participate at the 2019, FSMB Annual Meeting, April 25-27, in Fort Worth, TX. Travel expenses reimbursed up to $1,800. No board member agreed to attend.
STID completion process
Currently, when conditions of a STID are completed the reviewing board member reports to the compliance officer. It is then brought back for review by a panel of the board for release. As there is no legal requirement for this procedure it was proposed to eliminate the final panel review step.

MOTION: The motion was made that if a STID has been completed and all of the requirements have been met and a review board member has approved, that it no longer needs to come to the board for a panel approval. The motion was seconded and passed.

5. **Open Forum—DISCUSSION—Catherine Hunter, DO, Chair**
The purpose of the open forum is to provide the public an opportunity to address the board on issues of significance to or affecting osteopathic medical practice and that are not related to topics for which a rules hearing was or will be scheduled.
No public comments were presented.

6. **Future Business—DISCUSSION—Catherine Hunter, DO, Chair**
Agenda items for future meetings were not discussed.

7. **Settlement Presentations—DISCUSSION/ACTION—Catherine Hunter, DO, Chair**
Settlement and/or Agreed Order presentations are contingent upon agreements being reached between the parties prior to a board meeting. Decisions are made in Closed Session.

8. **Adjournment of public meeting—ACTION—Catherine Hunter, DO, Chair**
The public meeting was adjourned at 12:06 p.m.

9. **Discipline and Licensing**
The board will attend to licensing and disciplinary matters.

Respectfully Submitted

Susan Gragg, Program Manager

NOTE: please visit the web site for future agendas and minutes - [www.doh.wa.gov](http://www.doh.wa.gov). Go to licensing and certification and you will find a list of the health care professions, go to osteopathic physicians for agendas and minutes.