

Since 1983

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**NWAO Spring Dinner Meeting**

April 23, 2009  
Seattle Tennis Club  
[Register Here](#)

**NWAO Winter Conference**

January 8-9, 2010  
Location TBA

**NWAO Board of Directors**

# NWAO Newsletter

**Spring 2009**

Dear Friends,

I hope that this letter finds you doing well in our current difficult economic environment. The NW Academy has been working hard this year to increase membership benefits to maximize the benefit you get from your yearly dues and participation. This year, we did a major overhaul of our website and implemented online registration for all of our meetings. We are located at <http://www.nwao.org>, and I would encourage you to visit this site and give us your input and advice on how to improve this resource. In addition to what we already offer, we will soon be providing a members-only online directory. We will be including specialties of each surgeon to assist with referrals and consultations. The link to the questionnaire is located in the sidebar to the left.

This past winter we had our second annual meeting at Bell Harbor International Conference Center on the Seattle waterfront. This successful event included a day and a half of CME with special guests Dr. Lucian Sulica and Dr. Gary Clayman. The response was extremely positive with most attendees enjoying the new location in downtown Seattle. I would like to extend many thanks to Drs. Steve Bayles and Al Merati for chairing this program and putting together such a wonderful meeting. Our next year's program chair will be Drs. Al Merati and Paul Abson once they are confirmed at our next business meeting. Please let them know what topics and speakers you would like to see at our next winter conference.

Your academy has also been busy following and working behind the scenes on legislative issues that may affect your practice. For those that own and run surgery centers, there are new licensing requirement that begin in July. On this issue, the academy has been working with Dr. Bill Portuese, who is active in the Washington Ambulatory Surgery Center Association (WASCA) and Jan Zemplyeni who commented and proposed, on behalf on the Academy, several draft rules changes and testified in Olympia at a recent hearing. The initial proposal would have been devastating to those who own surgical centers and WASCA efforts made very significant improvements. You must become very familiar with these new complex and burdensome regulations if you perform general anesthesia in your office-based surgical center. For details go to [www.doh.wa.gov/hsga/fsl/ruledvelop/RuleDevelopment.htm](http://www.doh.wa.gov/hsga/fsl/ruledvelop/RuleDevelopment.htm). On another legislative issue, tax for cosmetic surgery proposed by Rep. Eddy from Redmond, Dr. Portuese was able to meet with Rep. Eddy and advise her to table her bill for now. We owe a great deal of thanks to Dr. Portuese for taking the time out of his week to meet with Rep. Eddy on our behalf. It demonstrates the need to become involved and participate in political and fund-raising effort.

We are also following a lawsuit submitted by a group of physical therapists against Benton Franklin Orthopedic group in Kennewick. The physical therapists contend that the employment of physical therapist by the orthopedic group violates laws against the practice of corporate medicine. Should they win, this may affect all physicians who hire ancillary professionals such as audiologist, speech therapists, etc. We will continue to update you on the progress of this important issue.

Our next spring dinner meeting will be on April 23, 2009 at the Seattle Tennis Club. We will have a guest speaker along with a business meeting where we will vote on bylaw changes and a new executive committee. The board will be submitting a bylaws change to expand the board to 4 directors-at-large. The aim of this is to increase input from physicians outside of the Seattle/Bellevue area and improve representation of our membership.

It has been a pleasure to serve as your president for the past two years and I look forward to continuing to serve in any manner that I can.

With warm regards,

Craig Murakami MD

**Relevancy**  
Scott C. Manning

**President**

Craig Murakami, MD

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May Huang, MD

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Scott Manning, MD

**Program Committee Chair**

Steven Bayles, MD

**Program Committee Co-Chair**

Al Merati, MD

**NWA0 Interspecialty Advisory Council Representative**

Jan Zemplyni, MD

**Membership Committee Chair**

Paul Abson, MD

I mentioned in a column in a previous newsletter that I sometimes hear the complaint that the NW Academy of Otolaryngology (or the King County Medical Society or the AMA or the American Academy of Otolaryngology Head and Neck Surgery, etc) is "not relevant to my practice." My Department Chair just announced that we faculty members must cut our expenses in half this year and that has forced us to carefully examine the "relevancy" of belonging to organizations (our dues count as expenses) and the importance of our travel. This poses a concrete dilemma as we are required to prove that we have a "national reputation" for promotion and we are fired if we are not promoted on schedule (but don't get the wrong idea - we love being Huskies).

I work in the world of Medicaid public health and it is very obvious that my voice as an individual has little influence on policy decisions that affect me and my patients every day. Therefore, I try to take advantage of every opportunity to amplify my voice. I play tennis occasionally with the Chair of the House Finance Committee and I have even considered letting him win but that alone is not enough. As the country falls deeper into recession and as we Boomers stress the tax system by retiring, even those practitioners with cash only practices will find that State and Federal lawmakers view them more as targets for increased taxation than as solutions to the nation's health care problems.

So how am I going to cut my expense account in half? It will not include dropping the NW Academy which I view as not only a bargain but my best avenue for directing my concerns at our State Legislature. Parenthetically, I have dropped the American Academy of Pediatrics (1000. per year) because even though they lobby for children, they tend to lobby against surgeons when it comes to payment issues. Tough times and tough choices.

As you know, the NW Academy of Otolaryngology has been managed with the aid of the WSMA for the last year and they have done a tremendous job of helping us stay abreast of the Legislature and to get our voice heard. We remain the smallest specialty in medicine and relevancy, like success in general, is a self fulfilling prophecy. We need to continue to work together or we risk getting steam rolled by the developing fiscal tsunami.

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## Legislative Update

**Shannon McDonald and Jan Zemplyni**

In view of an 8 billion budget shortfall, the likelihood of a state comprehensive health care reform is very low this year until the Federal government, under the leadership of President Obama, comes up with an overhaul legislation. However, there are many issues in Olympia of interest to physicians in general and otolaryngologists in particular. Remember that you can access the latest information on any bill or proposal by contacting WSMA at [www.WSMA.org](http://www.WSMA.org).

**Ambulatory Surgical Centers**

For those physicians performing surgery in their office-based surgical centers there are two very important developments under way. First, beginning in July 1, 2009 the regulations developed by the Department of Health in response to Ambulatory Surgical Center law passed in 2007 go into effect. These regulations will require state licensure of any surgical center that uses general anesthesia. Washington Ambulatory Surgical Center Association (WASCA) has been very closely involved in the entire process and has been quite successful in modifying the originally proposed draconian legislation as well as the original draft regulations. Nevertheless, the new administrative burden is very significant. For more information please see [www.doh.wa.gov/hsga/fsl/ruledevelop/RuleDevelopment.htm](http://www.doh.wa.gov/hsga/fsl/ruledevelop/RuleDevelopment.htm). Any office-based surgical center should strongly consider becoming an active member in WASCA.

Secondly, for those office-based surgical centers that perform sedation anesthesia (anything more than just oral anxiolysis) the Medical Quality Assurance Board (MQAC) is in the final stages of developing regulations that, once fully approved later this year, will mandate that such facilities become Medicare-certified or accredited by AAAHC or JACHO. Serious complications occurring in these facilities will be directly reportable to MQAC. The bottom line is that any physician who uses any form of moderate or deep IV sedation in the office will have to comply with standards equivalent to certification or accreditation.

**Changes to Medical Assistants' Scope Practice**

HB 1414 has been passed by the House. If the senate also approves it and it is signed into law, it will expand the scope of Health Care Assistant to allow administration of over-the-counter and unit dosed medications specified in the bill. This bill would correct the illogical current situation that allows MA's to administer, under supervision, parenteral medications but not ORAL medications.

**Advanced Imaging**

HB 2105 regulating utilization and self-referral of CT scan and MRI is out of the House. WSMA has negotiated an acceptable alternative to last session's bill that would have banned self-referral. It establishes a work group in the Health Care Authority to identify national best practice guidelines and protocols for MRI, CT, PET and Cardiac Nuclear Medicine to be used by state fee-for-service payers (and will explore whether to apply to all insurers by 2011). It also would apply Medicare accreditation rules to everyone in the state billing for the technical component of imaging. If passed, this law will potentially impact those otolaryngologists with office-based CT scanners.

**SB 5601 Regulating Speech-Language Pathology Assistants**

This bill was recently amended to include a definition of "hearing health care professional" which relates to licensing speech-pathology assistants. This new term is defined to include audiologists, hearing aid dispensers, and otolaryngologists. The definition did not relate to the bill, and the committee staff person said the term was added because of a regulatory need. For more information, <http://apps.leg.wa.gov/billinfo/summary.aspx?bill=5601&year=2009>.

**New Rules for Hearing Aid Services**

According to the Department of Health, one of the primary reasons for the revision was the need to eliminate the prior authorization requirement. New language retains the medical necessity requirement (which does not state that a physician must make the determination of medical necessity), and adds two new requirements (among others) that coverage is based on attaining a hearing evaluation that is performed and/or interpreted by a hearing healthcare professional, and a referral by a hearing healthcare professional. We would encourage you to review the proposed rules should you have concerns and weigh in, as appropriate. For more information, <http://apps.leg.wa.gov/documents/laws/wsr/2009/04/09-04-091.htm>.

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## Washington State Bills of Importance

**Changes to Medical Assistants' Scope**

HB 1414 is out of the House. It allows MAs to administer over-the-counter and unit dosed medications specified in the bill. It has "sunrise review" of the MA statute and a "sunset" of 2013, but meets our primary goal of providing more helping hands for already time-pressed physicians.

**Advanced Imaging**

HB 2105 is out of the House. We have negotiated an acceptable alternative to last session's bill that would have banned self-referral. It establishes a work group in the Health Care Authority to identify national best practice guidelines and protocols for MRI, CT, PET and Cardiac Nuclear Medicine to be used by state fee-for-service payers (and will explore whether to apply to all insurers by 2011). It also would apply Medicare accreditation rules to everyone in the state billing for the technical component of imaging.

**Administrative Simplification**

Both SB 5346 and HB 1647 are out of the Senate and House. They include: centralized electronic credentialing; electronic detailed standardized information on eligibility, scope of benefits, cost sharing, and exclusions, etc. for all plans; use of CCI for code editing - and a standard appeals process; and, evaluation of medical management guidelines. They also empower the Insurance Commission to take action if progress stalls or the job isn't done by December 2010.

**State Purchased Drugs**

SB 5892 changes the prescription drug program managed by the state (most applicable to Medicaid). The objective: greater use of generics, with physicians retaining the option of the standard preauthorization program. It is out of the Senate.

**MRSA Testing in the Outpatient Setting**

Both HB 1123 and SB 5500 require hospitals to develop plans to identify, educate, quarantine and treat MRSA infections. Neither bill includes mandated pre-admission testing. HB 1123 included pre-hospital testing for knee, hip and open chest surgeries, but this was taken out on the House floor. That bill creates a work group to study the need for testing over the next year. Both measures passed unanimously, a rare event.

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## Washington State Budget Crisis

The state's revenue forecast is expected to lower collections by another \$200 million. Right now state tax collections are expected to be about \$2.5 billion less than when the

governor wrote her budget in November. Reports the News Tribune in its Sunday edition:

If all of the governor's spending cuts were adopted, the Legislature would have to deal with about a \$1.5 billion to \$2 billion gap between spending and tax revenues.

**Here are possible budget cuts under discussion**

- \$415 million - Eliminate GAU and ADATSA assistance programs
- \$252 million - Cut Basic Health Plan by 40 percent
- \$297 million - Don't give state workers raises
- \$389 million - Don't give school workers raises
- \$401 million - Skip employer payments into pensions
- \$42 million - Pay hospitals 4 percent less for state-paid patients
- \$125 million - Give poor school districts less money
- \$84 million - Eliminate state-paid all-day kindergarten
- \$61 million - Eliminate health coverage for illegal immigrant children
- \$123 million - Eliminate two teacher training days
- \$52 million - Stop sharing liquor profits with cities and counties
- \$364 million - Cut class size initiative (I-728) money by 40 percent
- \$86 million - Make state workers pay 20 percent of health insurance
- \$80 million - Make school workers pay 20 percent of health insurance
- \$163 million - Freeze experience pay and raises for state and K-12 workers

**Possible Taxes or Revenues**

- \$700 million- Spend all Rainy Day savings account
- \$800 million - Shift money from building projects
- \$143 million - Open 10 liquor stores, go after tax evaders
- \$2.3 billion - Raise state sales tax to 7.5 percent\*
- \$180 million - Raise cigarette tax by \$1 a pack\*
- \$277 million - Put 5-cent-per-can tax on soft drinks\*
- \$466 million - Tax bottled water, 1 cent per ounce\*
- \$377 million - Raise property tax by 22.5 cents per \$1,000 in value\*
- \$245 million - Double the estate tax\*
- \$980 million - Extend sales tax to doctors, dentists, lawyers\*
- \$59 million - Extend sales tax to candy, gum\*
- \$783 million - Raise oil barrel tax to 5 percent\*

*\*All tax increases require a two-thirds vote by the Legislature or a public vote. All amounts for spending and taxes are for two years.*

## If Andy Rooney Wrote Haiku

Scott C. Manning

I used to view Andy Rooney as a hopelessly aged person, which he is. But I have to admit that I now understand the therapeutic value of his style of ranting. As the stresses mount upon my poor psyche with the endless onslaught of change, I have developed my own style of ranting in the form of Haiku. I post these on the division bulletin board, anonymously of course (we are State employees), and encourage others to share their own personal Haiku inspirations. Herein are but a few, with brief explanatory introductions.

Computerized order entry was particularly tough on me. The system we have ("CIS") reminds me of doing punch cards back in school in the 1970's. We have only fixed monitors, all conveniently situated so that I must turn 180 degrees from the patient. Over the weekend, the computer people, in a burst of inspiration, placed the two icons that we must use at the end of every encounter ("sign" and "as of") at opposite corners of the screen. I estimate that I have logged in over 10,000 patient encounters with this system, but the depression I feel each time I log on is unmitigated:

*"CIS"*  
*Eyes stare at Windows*  
*My back to patients, fingers click*  
*Sign, as of, as if*

I view the hardest part of my job as teaching residents how to operate. I am a believer in the current economic theory that the single most important factor in achieving great success in any endeavor is putting in at least 10,000 hours at a relatively early age. In fact, if I were king of health care, I would recruit surgical residents from high school. I like our 40 year old PhD's, all of whom are great residents, but the Federal Government is not making my life easier by continuing to restrict their duty hours. Also, I find myself in the uncomfortable position of having to accept full responsibility for the outcome when they are not present:

*"80 Hour Work Week"  
Where's my resident?  
Home at noon, Federal rule.  
Who do we blame now?*

Every generation has its defining characteristics. I recognize that as an aging Boomer, I have a problem with authority. I was not happy with having a draft lottery number and I am not happy with people telling me what to do in the OR. Haiku has provided a coping mechanism:

*"Anger Management"  
"Arrogant, rude, aloof"  
"You must seek counseling now"  
I write more Haiku*

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## Membership Report

If you have not paid your 2009 membership dues, please do so right away. Encourage your colleagues to join the NWAOW and help build a strong organization to support otolaryngology.

113 - Active Members  
75 - Delinquent Members  
58 - Non-Members  
16 - Residents

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## Calendar of Events

### **April 15 - 18, 2009**

International & American Rhinologic Society Meeting

### **April 23, 2009**

NWAOW Spring Dinner Meeting  
Seattle Tennis Club

### **May 15-16, 2009**

WSMA Leadership Conference  
Campbell's Resort  
Lake Chelan, Washington

### **May 22-25, 2009**

American Society for Pediatric Otolaryngology  
Annual Meeting  
[www.aspo.us/index.php](http://www.aspo.us/index.php)

### **May 27-31, 2009**

Combined Otolaryngology Spring Meeting  
Marriott Desert Ridge Resort  
Phoenix, Arizona

### **June 11-15, 2009**

Advances in Rhinoplasty, Seattle  
Go to [www.aafprs.org](http://www.aafprs.org) for registration

### **October 2-4, 2009**

WSMA Annual Meeting  
Davenport Hotel  
Spokane, Washington

### **January 8-9, 2010**

NWAOW Winter Conference  
Location TBA

## About Us

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