

**WASHINGTON STATE MEDICAL ASSOCIATION  
OFFICIAL ACTIONS OF THE 2011 HOUSE OF DELEGATES**

**REFERENCE COMMITTEE A**

**BOARD OF TRUSTEES REPORTS**

**Report D – AMA Delegation Report (FILED)**

**Report F – Membership Report (FILED)**

**EXECUTIVE COMMITTEE REPORTS**

**Report G – WSMA Young Physician Section (FILED)**

**INFORMATIONAL REPORTS**

**#3 – Washington End of Life Consensus Coalition (FILED)**

**RESOLUTIONS**

**A-1 – Mandatory Immunizations for Long-Term Care Workers (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA supports a mandatory annual influenza vaccination for every long-term care worker who has direct patient contact unless a medical contraindication or religious objection exists; and BE IT FURTHER

RESOLVED, that the WSMA recommends that physicians and other practitioners encourage caregivers—both professional health care workers and family caregivers—to obtain these vaccinations; and BE IT FURTHER

RESOLVED, that physicians treating patients in long-term care facilities encourage those facilities to establish policies and procedures that minimize barriers to staff influenza vaccination.

**A-2 – Endorsement of Expert Consensus Statement on the Management of Cardiovascular Implantable Electronic Devices in Patients Nearing End of Life or Requesting Withdrawal of Therapy (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA endorse the 2010 HRS (Heart Rhythm Society) Expert Consensus Statement on the Management of Cardiovascular Implantable Electronic Devices (Appendix A) in patients nearing end of life or who request withdrawal of therapy; and BE IT FURTHER

RESOLVED, that the WSMA encourage member physicians and medical organizations to adopt the practice guidelines contained in the 2010 HRS Expert Consensus Statement on the Management of Cardiovascular Implantable Electronic Devices in patients near the end of life or who request withdrawal of therapy; and BE IT FURTHER

RESOLVED, that the WSMA recommend to the Washington State End of Life Consensus Coalition (WEOLCC) that questions regarding the management of

cardiovascular implantable electronic devices be included on the next edition of the Physician Orders for Life Sustaining Treatment (POLST) form.

**A-3 – Pre-participation Sports Exams in the Medical Home (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA develop a policy recommending that pre-participation sports physical examinations be conducted at least every two years in the medical home using the current edition of the Pre-participation Physical Evaluation (PPE) monograph; and that the pre-participation exam is not a substitute for the annual comprehensive health examination; and BE IT FURTHER

RESOLVED, that the WSMA work with interested parties to educate parents on the importance of getting their student's PPE in their medical home and to make those appointments well in advance of the start of the school year; and BE IT FURTHER

RESOLVED, that the WSMA encourages primary care physicians to eliminate barriers to accommodating timely PPE in medical homes.

**A-4 – Privatization of Retail Alcohol Sales (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA oppose initiatives to further privatize alcohol sales in Washington State; and BE IT FURTHER

RESOLVED, that the WSMA educate its members and the public about the adverse health outcomes of increased alcohol use due to privatization of alcohol sales.

**A-5 – Adult Immunizations (ADOPTED)**

RESOLVED, that the WSMA partner with appropriate specialty societies and other organizations to develop a public message about the benefits of adult immunizations and the risks to everyone when adults are not immunized for vaccine-preventable diseases.

**A-6 – End-of-Life Care (NOT ADOPTED)**

**REFERENCE COMMITTEE B**

**BOARD OF TRUSTEES REPORTS**

**Report A – Auditors' Report (FILED)**

**Report B – Secretary-Treasurer's Report (FILED)**

**Report C – 2011 WSMA Strategic Plan and Status of 2010 Reports and Resolutions (FILED)**

**Report E – Nominations, 2011-2012 WSMA Officers and Trustees (FILED)**

**EXECUTIVE COMMITTEE REPORTS**

**Report A – Physicians Foundation (FILED)**

**Report D – Continuing Medical Education (FILED)**

**Report F – WSMA Strategic Planning (FILED)**

**INFORMATIONAL REPORTS**

**#1 – Physicians Insurance A Mutual Company (FILED)**

**#2 – University of Washington School of Medicine (FILED)**

**#4 – WSMA Foundation for Health Care Improvement (FILED)**

**#5 – Qualis Health (FILED)**

**#7 – Washington Physicians Health Program (FILED)**

**RESOLUTIONS**

**B-1 – WSMA Policy for Physicians’ Right of Conscience (ADOPTED AS AMENDED)**

RESOLVED, that the Washington State Medical Association believes in a healthcare professional’s right to practice within their Right of Conscience and opposes discriminatory policies against physicians who exercise these rights (New HOD Policy); and BE IT FURTHER

RESOLVED, that physicians may choose whom to serve. Accordingly, except in emergencies, they may refuse to provide a treatment to which they object on the basis of religious or moral beliefs. However, other principles balance this prerogative with obligations to respect patients and their ability to access available medical care. Therefore, a conscientious objection should, under most circumstances, be accompanied by a referral to another physician or health care facility (current AMA policy CEJA Report 6-A-07, June 2007).

**B-2 – Reinstating the “Hospital Medical Staff Section” to the WSMA (ADOPTED AS AMENDED)**

RESOLVED, the WSMA reestablish the Hospital Medical Staff Section which will provide:

1. Education on the proper roles and responsibilities of elected medical staff officers including: credentialing, peer review, medical records, medical decision making, and providing quality assurance;
2. Appropriate legal and other advice for the medical staff that is funded by retainer-based fee based on the size of the medical staff membership;
3. A forum for the medical staff officers to be able to communicate, problem solve and provide support; and
4. Other relevant issues as desired.

**B-3 – Creating Standards to Rate the Integrity of the Medical Staff (NOT ADOPTED)**

**B-4 – Continuing Medical Education (ADOPTED)**

RESOLVED, that the WSMA reinstate Continuing Medical Education (CME) opportunities at the Annual Meeting of the House of Delegates. (Directive to Take Action)

**B-5 – Starting a Counter-Narrative to the Systemic Encroachment of Intellectual Property Rights by Collegiate and Graduate Level Educational Institutions (REFERRED)**

RESOLVED, that the WSMA backs an investigation into “tech transfer” offices and the WSMA works on a best practices policy for them to ensure individual medical researchers, medicine generally, and lastly Universities all benefit from these “tech transfer” procedures (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA come up with or find a party willing to list the best to worst institutions for entrepreneurial and innovative students, medical students, residents, and research fellows and staff medical researchers based on tech transfer policies, research funding, and levels of innovative development. (Directive to Take Action)

**B-6 – Protecting Physician Personal Data (ADOPTED)**

RESOLVED, that the WSMA work with the Medical Quality Assurance Commission to protect the personal data of physicians in order to decrease the risk of identity theft. (Directive to Take Action)

**REFERENCE COMMITTEE C**

**EXECUTIVE COMMITTEE REPORTS**

**Report B – Legal Affairs (FILED)**

**Report C – Public Policy and Health Care Economics (ADOPTED)**

RESOLVED, that the WSMA support public policy that supports the organizational priorities of the Association and its Business Plan; and BE IT FURTHER

RESOLVED, that the WSMA’s focused public policy and health care economics agenda, to make Washington a better place to practice medicine and to receive care, be pursued and that the Interspecialty Advocacy Council be enlisted to provide critical input into this work and to coordinate priorities, policies and collaboration among the WSMA and all specialty societies in the state.

**Report E – WAMPAC (FILED)**

**Report H – Good Samaritan Statutes in Washington State - 2011 (FILED)**

**Report I – Forensic Science in Washington State (FILED)**

**JUDICIAL COUNCIL REPORTS**

**Report A – Quorum Requirement for the House of Delegates (FILED)**

## **INFORMATIONAL REPORTS**

**#6 – Puget Sound Health Alliance (FILED)**

**#8 – Administrative Simplification Prior Authorization of Prescriptions (FILED)**

## **RESOLUTIONS**

**C-1 – AMA Assistance on Medicare Recovery Audit Contractors (RAC)**  
**(ADOPTED AS AMENDED)**

RESOLVED, that the WSMA encourage members to report Recovery Audit Contractor (RAC), Payment Safety Contractor (PSC), and Comprehensive Error Rate Testing (CERT) audit requests to the WSMA so that the WSMA staff can coordinate with the AMA to provide assistance (Directive To Take Action) including:

- (a) Providing requesting physicians with information from collaborative information available via the AMA Litigation Center; and
- (b) Providing guidance and sample letters of successful appeals to the requesting physician; and

BE IT FURTHER

RESOLVED, that WSMA members be provided education about the various levels of appeals processes to all members. (Directive to Take Action)

**C-2 – Standardization of Electronic Medical Records for the State of Washington**  
**(ADOPTED AS AMENDED in lieu of Resolutions C-2 and C-7)**

RESOLVED, that the WSMA support the interconnectivity of proprietary Electronic Medical Record products, so that those products can readily interface securely with a centralized health information exchange for the purpose of enabling physicians, clinics and health care systems to use needed clinical data for the purpose of quality improvement, cost efficiency, and patient safety. (Directive to Take Action; New HOD Policy)

**C-3 – Assuring Truth in Medical Advertising (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA, with input from state specialty societies, work to enact legislation to develop standards on how health care practitioners present and identify themselves that includes components of the AMA's Truth in Advertising Campaign. (Directive to Take Action)

**C-4 – Properly Limiting Government's Role in the Clinical Practice of Medicine**  
**(NOT ADOPTED)**

**C-5 – Distinguishing Primary Care as Separate Specialties for Payment Purposes**  
**(REFERRED)**

RESOLVED, that the WSMA seek legislation that clarifies that Internal Medicine, Family Practice, Urgent Care, Pediatrics and Obstetrics/Gynecology are separate specialties, and that for payment purposes, they cannot be lumped together as Primary Care. (Directive to Take Action)

**C-6 – Medicare Regulatory Mandates (REFERRED)**

RESOLVED, that the WSMA insist upon an audit of the last four years of regulatory changes to the Medicare program, specifically requesting that the audit should include a majority of practicing primary care physicians and hospital-based physicians (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the results of the audit, if appropriate, should include demands of changes and, if appropriate, demands that any further regulatory changes include funding to implement them. (Directive to Take Action)

**C-7 – Uniformity in Electronic Medical Records** (considered with Resolution C-2)

**C-8 – Promoting Cost-Effective Patient Care (REFERRED with proposed amendment)**

Original resolve paragraph:

RESOLVED, that the WSMA promote cost-effective, high quality patient care and be attentive to, and lobby against, monopolization of patient care by institutions and hospitals. (Directive to Take Action)

Proposed substitute amendment:

RESOLVED, that the WSMA formally express concern to CMS and WA state congressional delegation about the different pay for equal services in the outpatient setting paid to hospital systems compared to other outpatient providers with a statement on the impact of this policy on the cost of medical care. (Directive to Take Action)

**C-9 – Improving Patient Care and Statistical Outcome Reporting in Medicine (NOT ADOPTED)**

**C-10 – WSMA Policy for Physician and Patient Protection (NOT ADOPTED)**

**C-11 – Support for Prescription Drug Monitoring Program (ADOPTED AS AMENDED)**

RESOLVED, that the WSMA again express to the state legislature its strong support for the implementation of The Prescription Monitoring Program and for continued efforts to create a stable and sustainable source of funding for it. (Directive to Take Action)

**C-12 – Reducing Administrative Waste in Basic Health Care (REFERRED)**

RESOLVED, that the WSMA support and offer to assist in defining a basic health care benefits package for Washington state (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA support a requirement that all basic health care benefit packages offered in Washington state incorporate standardized policies and procedures governing billing, payment, exclusions, limitations, formularies, prior authorization, appeals, and other administrative processes and policies common to the health insurance business (Directive to Take Action); and BE IT FURTHER

RESOLVED, that WSMA support a requirement that each health plan, public or private, offering a basic health care benefit package in Washington state use a standardized,

interoperable data system for the administration of that package. (Directive to Take Action)

**C-13 – Timely Communication of Clinical Information (REFERRED)**

RESOLVED, that the WSMA strongly advocate assigning the highest priority to the affordability, universality, and ease of use of the clinical information component of the Washington State Health Information Exchange; and BE IT FURTHER

RESOLVED, that the WSMA encourage all physicians to investigate becoming “early adopters” by registering with OneHealthPort, the private, Washington-based data management organization that has been selected to guide the development of the new data exchange (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA strongly encourage OneHealthPort and the other agencies involved in the Washington State Health Information Exchange to rapidly increase the range of clinical data available through the Exchange (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA strongly urge the Foundation for Health Care Quality , the organization designated by the state to oversee the implementation of the new data exchange, to appoint to its Operating Board two physicians who are primarily engaged in active clinical practice (Directive to Take Action); and BE IT FURTHER

RESOLVED, that in the absence of widely adopted electronic health data exchange capable of transmitting clinical information in a timely manner, the WSMA strongly encourage physicians to promptly provide their colleagues with clinical information on patients under their joint care in the interests of safety, quality and coordination of care. (Directive to Take Action)

**C-14 – Monitoring the Expansion of Unregulated, Freestanding Emergency Rooms (NOT ADOPTED)**

**C-15 – Maternal Mortality Committee Peer Review Protected Access to De-identified Patient Health Records and Autopsy Report Findings (REFERRED)**

RESOLVED, that the WSMA strongly urge the Washington state legislature to enact peer review protections for the Maternal Mortality Review Committee which will allow access to pertinent de-identified patient health records and autopsy reports, thus facilitating more accurate reviews and aiding identification of potentially preventable causes of maternal mortality. (Directive to Take Action)

**C-16 – Washington State Medical Quality Assurance Commission and Pain Medication Rules (REFERRED)**

RESOLVED, that the WSMA adopt a vote of no confidence in the MQAC's handling of this issue at the 2011 annual meeting of the House of Delegates (Directive to Take Action); and BE IT FURTHER

RESOLVED, that all physicians ask their patients to contact their legislative representative and express their concern every time they receive a prescription for pain medications (Directive to Take Action); and BE IT FURTHER

RESOLVED, that the WSMA introduce legislation in the 2012 legislative session to direct the MQAC to re-open its rule making process in order to rectify the current rules' overreaching of the intent of HB 2786 and their impact on reducing care to this patient population with such rules. (Directive to Take Action)

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\*Holdover; position open for election in 2012.