

WSMA

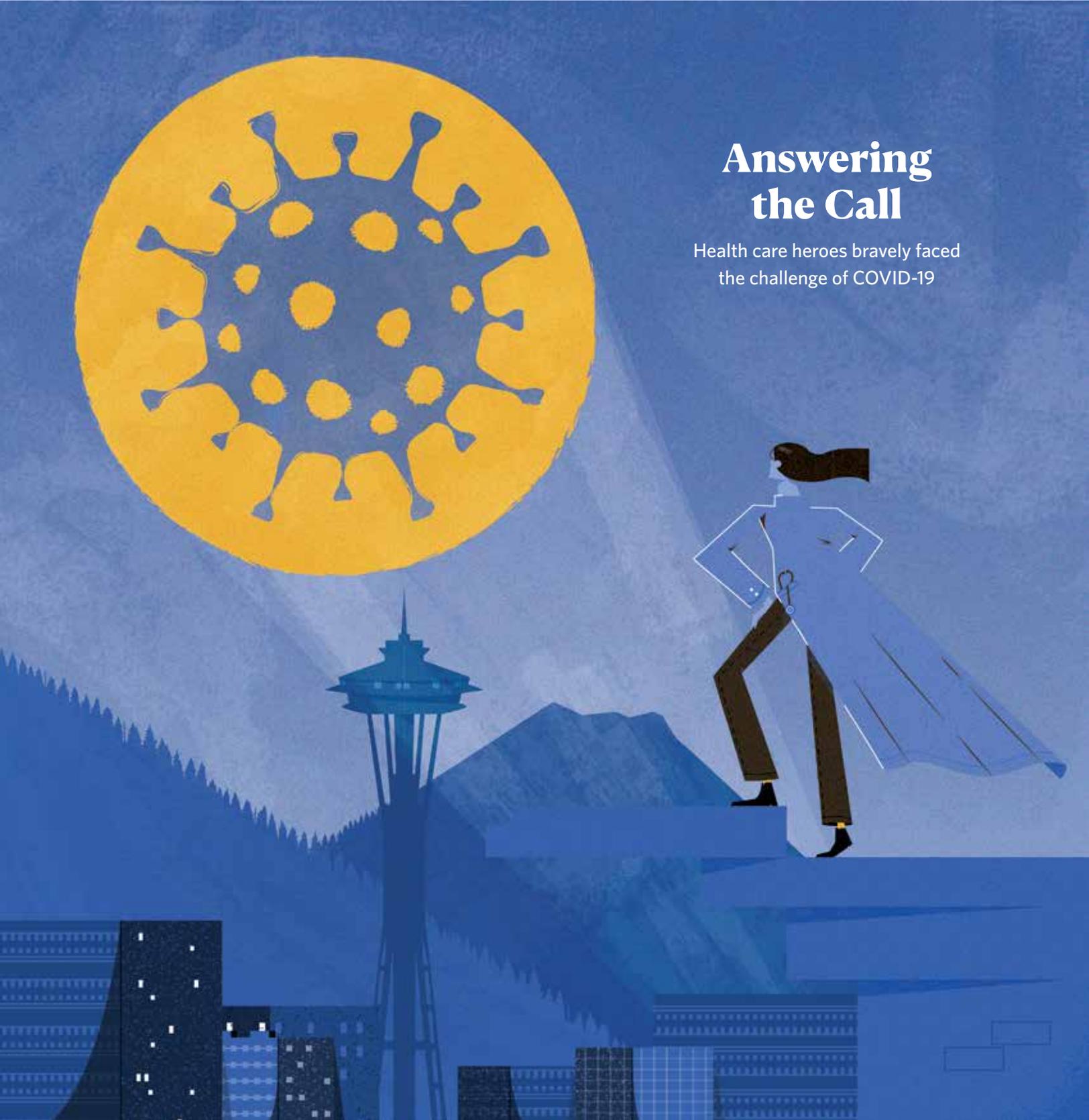
REPORTS

NOV/DEC 2020

A PUBLICATION FOR THE MEMBERS OF THE WASHINGTON STATE MEDICAL ASSOCIATION

Answering the Call

Health care heroes bravely faced
the challenge of COVID-19



Why SENIOR LIVING

SHOULD BE YOUR NEXT RX.

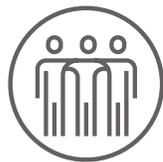


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- Medication management issues
- Poor eyesight
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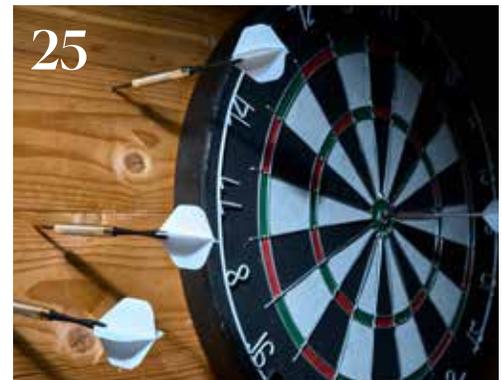
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Well Done, Health Care Heroes

This year we faced a threat not seen for a hundred years. The coronavirus pandemic upended the practice of medicine and the broader world in unimaginable ways.

We've learned without a doubt that COVID-19 does not spare any group of people from its wrath. We've all observed global tragedies like famine, climate change, civil unrest, earthquakes, and more from a comfortable distance. But it's a rare disaster that strikes every one of us, no matter our address.

Our health care systems have been sorely tested, as efforts focused on remaining intact, maintaining capacity to handle potential disease surges, and protecting the health of our doctors, PAs, nurses, and first responders.

The pandemic has thrown into sharp relief the issue of health disparities, with much higher rates of infection and death among communities of color. It further divided us by age and health status, with the burden of disease falling most heavily on older adults and individuals with comorbidities.

This pandemic is a calamity of universal proportions, and no one will walk away unscathed.

Where we once happily gathered, we now socially distance. Where we once shared hugs, smiles, and handshakes, now our facial expressions are masked. In a time when Snapchat and text messaging are preferred modes of communication, COVID-19 compounded our isolation, increasing the distance between us and eroding personal connections.

There is, and will be, economic fallout for all of society, with reverberations felt for years to come. Truly, we are all in this one together.

But when this darkness cast its shadow over the globe, it was health care professionals who stepped up to care for those in need. From China to Washington state, we provided care, held the hands of the dying, and answered the call of our profession, in spite of the risks we faced.

As COVID-19 took so much away, it left many of us wondering where the light had gone. But in those moments of challenge, I saw heroes bringing light into darkness. I saw fear met with hope and a sense of purpose.

This issue of *WSMA Reports* celebrates many health care heroes who brought light, hope, compassion, and science to all Washingtonians. These physicians are

truly among the best and the brightest in the profession. But though we've called out a few across the pages of this publication, every one of you is a hero not only because of COVID-19, but because of your profession, your calling, and your commitment.

Well done, heroes. ■

Nathan Schlicher, MD, JD, MBA
WSMA President





HUDDLE

Touching base with need-to-know news for WSMA members

Member Profile

Sheila Rege, MD

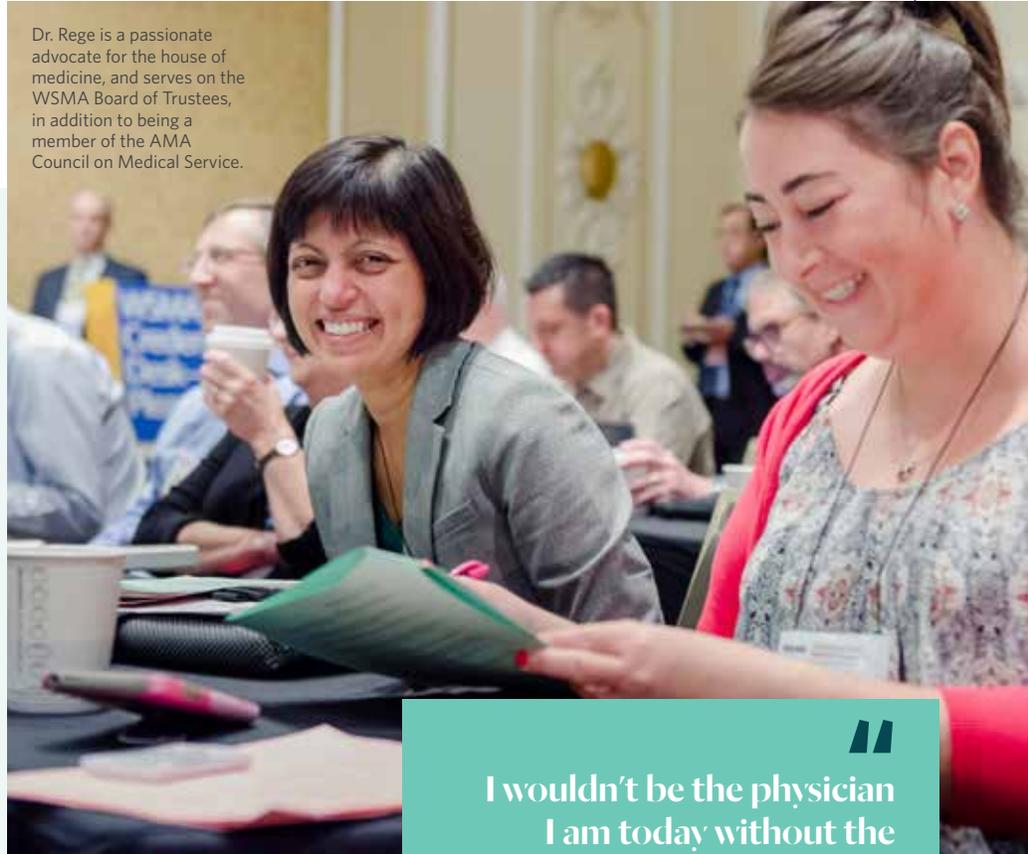
Works at: Northwest Cancer Clinic in Kennewick

Specialty: Radiation oncology

Why WSMA: The WSMA works tirelessly to ensure that our state is the best place to practice medicine and for our patients to receive care. Through the WSMA, I've developed strong bonds with others I would never have met except through educational meetings and advocacy. The WSMA leadership conferences taught me to be a better physician leader. I wouldn't be the physician I am today without the networking, sharing of best practices, or information I have gained through WSMA.

How medicine inspires me: There is no other career where you open the clinic door and on the other side is a challenging situation for you to help solve. The satisfaction of working with team members committed to the same goal—to do what's right for the patient—never ceases to amaze me. It's never boring because every patient or problem is different. Being a physician means surrounding yourself with passionate, talented team members committed to a single purpose—to make things better for our patients.

Why I became a physician: I was 10 years old when my grandfather developed Parkinson's disease. We did not have access to L-Dopa and I saw how his mind remained sharp even while he developed rigidity and frozen gait. I saw the "placebo" difference of a physician's gentle touch. I then saw the miraculous effects of L-Dopa and other medications that reverse the motor issues. Medicine is a rewarding, yet challenging, calling.



Dr. Rege is a passionate advocate for the house of medicine, and serves on the WSMA Board of Trustees, in addition to being a member of the AMA Council on Medical Service.

“I wouldn't be the physician I am today without the networking, sharing of best practices, or information I have gained through WSMA.”

Leadership lessons: First, always be true to your internal moral focus or values. Second, genuinely care about others. And third, be positive regardless of the circumstance. For example, I tell cancer patients that we need to ensure that they have a living will, to be prepared for the unexpected, but we count on not needing it.

Best advice: Be grateful and show genuine appreciation.

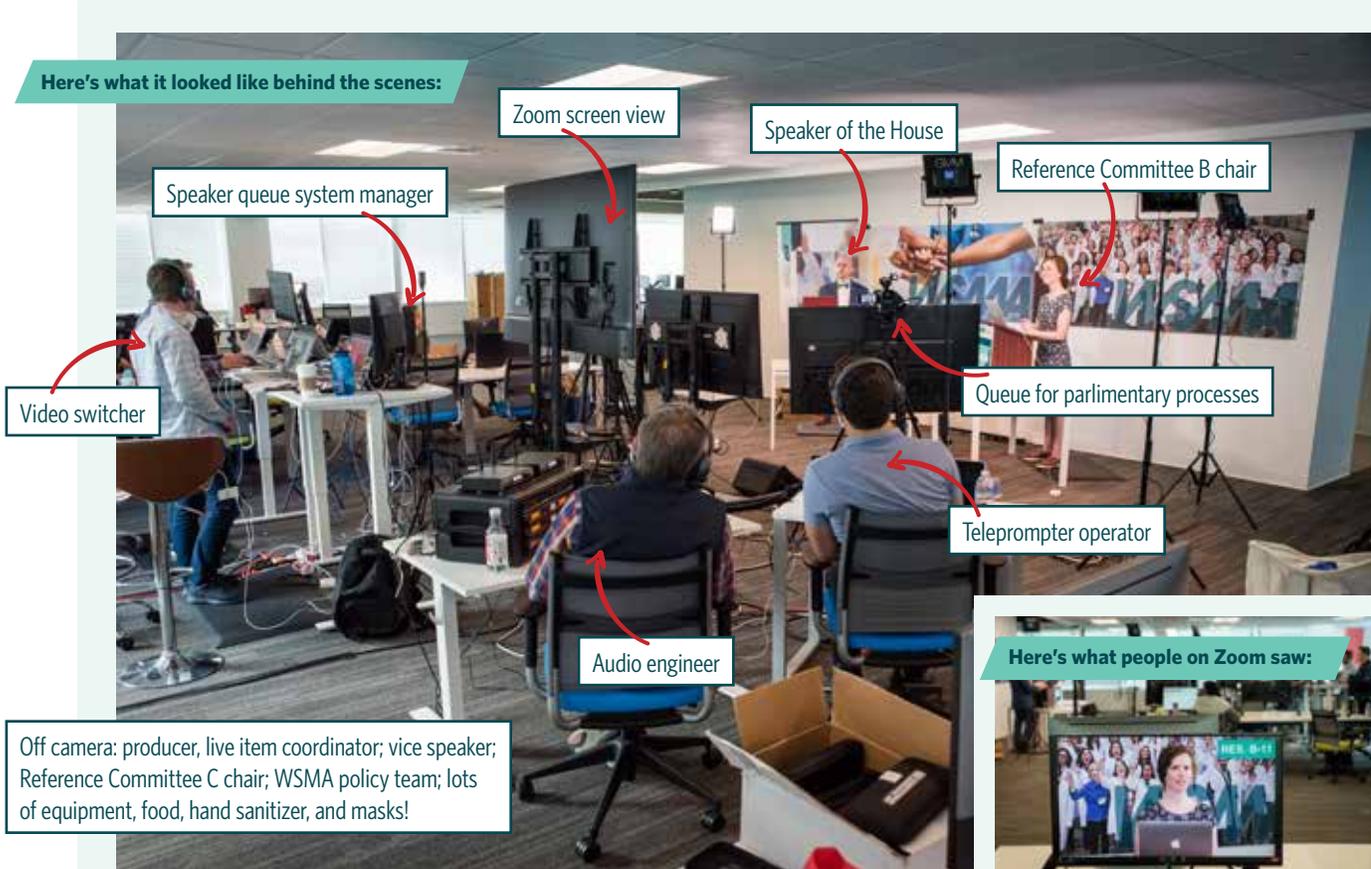
In my spare time: I'm a dog lover and wish we as humans could learn how to love and enjoy the simple pleasures of life like dogs. I also like hiking, reading, golf, and bicycling.

Goals for year ahead: Improve my golf game, learn a new language, and travel.

Pet peeves: People who cannot delegate or those with huge egos. I love team players who give credit where it's due.

Food for thought: Physicians invest 12+ years of education after high school, endure long hours, and face the stress of doing their best. Physicians have significantly been impacted by COVID-19 at a personal level and many report the stress of practicing medicine during this pandemic. We need the most talented students to enter medicine. The challenge for us in the future will be how to keep the costs of education down and making medicine enjoyable again. ■

ANDREA PEER PHOTOGRAPHY



Behind the Scenes: Online House of Delegates

WSMA successfully holds first online annual meeting.

Not to be deterred by a coronavirus pandemic, the WSMA launched transition planning for an online annual meeting of its House of Delegates weeks ahead of the event. To ensure a transparent and efficient parliamentary process electronically, the association found an effective partner in the Presbyterian Church (U.S.A.), which had recently tested its own online parliamentary platform. The PCUSA's General Assembly closely parallels our HOD in terms of process, reference committees, resolution testimonies, delegate credentialing and voting, elections, and more.

To pull off the complexity of an HOD meeting, we implemented a COVID-19-appropriate production studio, with social distancing at its core. Key HOD participants were in the studio, supported by PCUSA's production and technology team, and supported by WSMA staff in the studio and virtually. The meeting utilized Zoom as the audio/visual platform, which was combined with a WSMA-branded version of "PC-Biz" to run the parliamentary side of the meeting. To prepare for this innovative new environment, the speakers of the House, delegates, and other WSMA members and staff participated in trainings in advance of the meeting, which was scheduled for the final weekend in September.

The meeting agenda closely followed the WSMA's typical HOD, with opening sessions on Saturday morning that included pre-recorded content such as the Apple Awards presentation, the oath of office, and more, followed by reference committee meetings. On Sunday morning, the House reconvened to hear 2020-21 WSMA President Nathan Schlicher, MD, JD, present his pre-recorded inaugural speech, followed by the reference committee reports, debate, and voting.

More than 150 physician and physician assistant delegates held fast online throughout the two days to determine policy, elect leaders, and conduct the business of your state medical association. Despite the challenges of translating parliamentary procedures into this new environment, the two-day meeting was a success. One trustee noted, "It ran so smoothly and I had complete faith in the voting process."

This year's annual meeting saw many new policies adopted by delegates. These final actions reflect an activated House dedicated to making bold, proactive policy to improve the health and welfare of Washingtonians, with attention to racism and equity in the delivery of patient care and within the profession. For details, download the Official Actions of the 2020 WSMA House of Delegates, available from the WSMA website (look under About Us, then House of Delegates).

Visit the meeting webpage on wsma.org to enjoy videos of key moments of the 2020 WSMA Annual Meeting. And save the date—the 2021 WSMA Annual Meeting will take place at the Westin Bellevue Hotel on Sept. 25-26, 2021. ■



And the Winners Are...

Our members are heroes every day in our book, in both extraordinary and ordinary times. The WSMA created the Apple Awards to recognize recipients for the work they do, going above and beyond the call of duty in leadership, contributions, and service.

WSMA President William K. Hirota, MD, presented the 2020 Apple Awards during the opening session of the virtual Annual Meeting of the WSMA House of Delegates on Sept. 26 (see video at bit.ly/wsamaappleawards). Recipients included:

Kathy Lofy, MD, Kirkland epidemiologist and pediatrician, received the President's Unsung Hero Award, which recognizes the WSMA member who offers extraordinary service to the profession to make Washington state the best place to practice medicine and receive care. As the state health officer and chief science officer at the Washington State Department of Health, Dr. Lofy is one of a handful of people at the helm of the state's response to the COVID-19 pandemic.

Darin Neven, MD, Spokane emergency medicine physician, received the Community Advocate Award, which recognizes a member of the community who provides extraordinary support to, and advocacy for, the house of medicine. Dr. Neven is the founder of Consistent Care in Spokane, whose work with

patients with complex care needs serves as a standard across our state.

Vera Schulte, Seattle medical student, received the Early Career Member of the Year Award, which recognizes a WSMA member for their service to the association's early career members (physicians in their first 10 years of practice, resident physicians, and medical students). Schulte is a fourth-year medical student at University of Washington School of Medicine and has been a passionate voice for students in her role as chair of the WSMA's Medical Student Section.

The Everett Clinic received the Wellness Award, a new award in the Apple Awards program that recognizes an organization that has worked to put the joy back in medicine for Washington physicians. The Everett Clinic was honored for its efforts to improve professional fulfillment and reduce burnout at their organization.

Three WSMA members received the Grassroots Advocate Award, which recognizes their advocacy efforts and activities supporting WSMA legislative priorities. They include:

Jeff Duchin, MD, Seattle epidemiologist and infectious disease physician and public health officer for Seattle-King County, for his expertise and leadership during COVID-19; **John Scott, MD**, Seattle allergy and infectious disease physician, Harborview Medical Center, for his support of WSMA's efforts to achieve telemedicine payment parity



See video of the winners at bit.ly/wsamaappleawards.

during the pandemic; and **Donna Smith, MD**, Seattle pediatrician, Virginia Mason, for her help in persuading the Legislature to extend COVID-19 proclamations supporting physicians and health care.

Seven WSMA members received the William O. Robertson, MD, Patient Safety Award, which recognizes initiatives or advocates for patient safety. The following infectious disease physicians were honored for their efforts responding to the pandemic: **Chris Baliga, MD**, Virginia Mason, Seattle; **Peter Hashisaki, MD**, Overlake Medical Center & Clinics, Bellevue; **John Lynch, MD**, UW Medicine, Seattle; **John Pauk, MD**, Swedish Center for Comprehensive Care, Seattle; **Francis Riedo, MD**, EvergreenHealth, Kirkland; **Olympia Tachopoulou Stafford, MD**, CHI Franciscan, Tacoma; and **Danielle Zerr, MD**, Seattle Children's.

Congratulations to our 2020 Apple Awards winners! 

ILLUSTRATION: EVELLEAN



Protecting Your Practice: Beyond Medical Professional Liability Insurance

Running a practice or clinic is a complex business undertaking, requiring key tools to help you protect your business' interests so you can focus on providing quality care.

Physicians Insurance, WSMA's exclusively endorsed professional liability insurance carrier, provides an overview of protections beyond professional liability coverage that you should know about. Learn more at bit.ly/33eLsED.*

Remember: When setting up insurance protections, you should understand the scope of your coverage, its limits, your policy's definition of a claim, and each policy's notification timing requirements. When in doubt, contact your broker or insurance carrier to get clarity.

**Some of the coverages discussed in the guidance may be included or may be available as an endorsement to your Physician Insurance medical professional liability policy. *



Your New WSMA Officers and Board Members

The virtual 2020 Annual Meeting of the WSMA House of Delegates saw the election of new officers and board members, who are tasked with carrying out the mandates and policies of the House. Without further ado, let's meet WSMA's new leadership.

Nathan Schlicher, MD, JD, MBA, FACEP, of Gig Harbor, was inaugurated as the 2020-21 WSMA president. Dr. Schlicher is an emergency medical physician at St. Joseph Medical Center in Tacoma and serves as the regional director of quality assurance for the emergency departments of CHI Franciscan and associate director of the TeamHealth Litigation Support Department.

Officers elected at the meeting included: **Mika Sinanan, MD, PhD**, Seattle surgeon, president-elect; **Katina Rue, DO**, Yakima family physician, 1st vice president; **Nariman Heshmati, MD**, Mukilteo OB-GYN, 2nd vice president; and **John Bramhall, MD, PhD**, Seattle anesthesiologist, secretary-treasurer. The sixth officer of WSMA's executive committee is Immediate Past President **William K. Hirota, MD**, Tacoma gastroenterologist, who will serve as committee chair.

Newly elected to the board of trustees are: **Bridget Bush, MD**, Anacortes anesthesiologist; **Andrea Carter, MD**, Moses Lake family medicine physician; **Amish Dave, MD**, Seattle rheumatologist; **Rasheed Durowoju, MD**, Seattle internal medicine physician; **Leah Geyer, MD**, Seattle internal medicine physician; **Erin Hegarty, Spokane** medical student; **Matthew Uhlman, MD**, Yakima urologist; and **Liam Yore, MD**, Everett emergency medicine physician.

Congratulations to these new WSMA leaders! 🎉

Hold the Date



NOV. 1

Exchange open enrollment begins for January 2021 coverage

NOV. 3

General election

NOV. 14-17

AMA Interim Meeting

DEC. 6-12

National Influenza Vaccination Week

DEC. 15

Exchange open enrollment ends

DEC. 31

Your WSMA membership ends (Don't forget to renew at wsma.org/renew!)

For a calendar of WSMA, state specialty, and county medical society events, visit wsma.org/calendar.

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- I certify that the statements made by me above are correct and complete.

Milana McLead
Publisher

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Yuan-Po Tu, MD



Thoughts from an Everett clinician and COVID-19 testing pioneer.

After the first community-acquired U.S. case of COVID-19 was identified in late January at The Everett Clinic, Yuan-Po, Tu, MD, and his colleagues at The Everett Clinic, part of Optum, reacted quickly. Drawing on their experience with the H1N1 pandemic in 2009, clinic leaders knew that securing personal protective equipment for health care workers would be vital. Despite having a stockpile of PPE and orders placed for more, by the first week of March, the clinic was burning through PPE at an alarming and unsustainable rate.

In January, Dr. Tu, an internal medicine physician who works at the urgent care walk-in clinics at The Everett Clinic, had been awarded a United HealthCare clinical research fellowship to study the impact of clinical decision support in the electronic medical record system on antibiotic stewardship. With the impact of the emerging pandemic in March, he shifted the study focus to what he thought could help alleviate the strain on PPE supplies by designing and executing a study to examine the sensitivity of patient-collected specimens for COVID-19 testing.

WSMA Reports: What brought about the idea to study patients self-administering nasal swabs for testing?

In the early days following identification of the first COVID-19 patient, we could see that we were consuming surgical masks and PPE at an alarming rate. In the first three days of the response, the warehouse had issued nearly 10,000 surgical masks. We calculated that we

were using 2.2 sets of PPE with N-95 respirators to test each patient for COVID-19. This was a huge amount of PPE and represented a non-sustainable burn rate.

Nasopharyngeal sampling has been the tried-and-true method for testing for upper respiratory viruses. I knew that we could recover influenza virus from nasal samples, as we have been using nasal samples to test for influenza for years.

One of the basic principles of occupational health is to remove the danger from workers. I hypothesized that we would be able to recover the SARS-CoV-2 virus from nasal samples and that we could remove the risk to the health care workers by having the patient self-collect the samples.

How do you see the pandemic playing out this fall and winter?

I anticipate that the number of COVID cases will increase, as we always see more upper respiratory illness in the fall and winter months. Congregation of people in close quarters indoors can result in rapid outbreaks, as we have seen with the opening of colleges.

The winter season will increase the challenge of identifying patients with COVID-19, as any person with upper respiratory viral symptoms will have COVID-19 in the differential and will need to be tested. In a normal flu season, patient census is often close to capacity of hospitals. Adding COVID-19 patients will put additional strain on hospital systems.

Every effort should be made to maximize influenza vaccinations this fall to try to decrease the burden of influenza in our community.

In an ideal world, how would testing look for the remainder of the pandemic?

Ideal testing would be inexpensive, fast, accurate, simple to perform, and widely available. Ideal testing would be a test that could be performed at home without the need for medical supervision, with the results available in

minutes without a reader or instrument.

Just like nasal testing changed how we collect specimens for testing, we will need a fundamental change in how testing is performed. Molecular testing for COVID-19 currently is expensive, complicated, and requires complex equipment.

Multiple antigen tests have been approved by the FDA, with EUA for symptomatic individuals. Depending on the sensitivity and specificity, antigen testing may be able to be used to test a wider number of individuals.

Other technologies are in development that have potential for changing how we test. But they are much further from commercial release.

What has the pandemic response so far revealed in terms of what systems we should have in place to better respond to future crises?

Effective political leadership, coupled with medical and social guidance, is key to responding effectively. There will be a next time. —KATIE HOWARD

Ed. note: This interview was edited for length. Read the full interview at wsma.org/reports.



RUSSELL TATE

EVERY DAY IS VETERANS DAY

Thank You to the Health Care Professionals
Who Care for Veterans Each and Every Day



To the health care professionals and facilities in the state of Washington who are opening doors to Veterans in support of VA and providing exemplary care and service, we thank you. You've stepped up to care for those who deserve it most. By doing so, you have shown your commitment to serving Veterans in strong support of VA's mission.

31,000 health care professionals in the state
of Washington are proudly leaning forward.

We salute you!



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On a Mission to Serve[®]

Answering the Call

WSMA recognizes pandemic heroes who exemplify the best in health care. BY PAT CURRY

At times, 2020 has broken our hearts and our spirits. The global pandemic of the novel coronavirus SARS-CoV-2 made its American landfall in Washington state, slamming into our health care system with a vengeance that spared no one. An extremely efficient predator, the virus attacked the most vulnerable first and made the connection points that humans value most—a touch, a hug, a kiss, a song—potentially lethal.

The pandemic required an unprecedented response from our health care community, who accepted the challenge without hesitation. In this issue of *WSMA Reports*, we recognize the efforts of just some of the physicians who exemplified the best that health care has to offer.

It would be impossible to fully capture the extraordinary sacrifice and

exemplary service demonstrated by WSMA members during this difficult year. As you read these profiles, consider each of them as representative of the thousands of physicians and medical professionals who faithfully served our communities during these past months, often at great risk to their own health. To each of you, we are grateful.

ALEX MELLON





Policy



Kathy Lofy, MD.

As the state health officer and chief science officer at the Washington State Department of Health, Dr. Lofy

is one of a handful of people at the helm of the state's response to the COVID-19 pandemic. Dr. Lofy has been a frequent participant at Gov. Jay Inslee's press conferences sharing information about the pandemic, using her medical training and calm demeanor to deliver critical updates on the latest science, data, and state policy. Dr. Lofy received WSMA's 2020 President's Unsung Hero Award for her extraordinary service.

Ed. note: As this issue of WSMA Reports went to press, Dr. Lofy announced she will step down from her position as the state's top health officer at year's end. She will be missed and we wish her the very best.



John Lynch, MD.

As medical director of infection control and prevention at Harborview Medical Center/ UW in Seattle, Dr.

Lynch has had a significant impact on national health care policy as it relates to the pandemic. He served on the panel to develop and write the guidelines for infection prevention in patients with suspected or known COVID-19 for the Infectious Diseases Society of America, of which he is a board member.

"John is kind of the scientific cheerleader for this," said Chris Baliga, MD, medical director for infection prevention at Virginia Mason in Seattle. "He's a full-time academician. They're the ones who ponder the big questions, working nationally to advance the science, trying to keep the guidelines and opinions and position pieces in line with what we know. He heavily influenced the state and CDC policy in the early days from King County. That was work very much appreciated by all of us."

Public Health

Throughout the state, our public health officers have worked nonstop to provide up-to-date, evidence-based information to the health care community and the public to help reduce the spread of the highly contagious virus. Faced with ever-changing guidance, these health care guardians also have been forced to address everything from health inequity to conspiracy theorists insisting the virus is a hoax and that mask requirements are unconstitutional.

With King County the first epicenter of virus spread in the state, two public health heroes came to the fore:



Jeff Duchin, MD.

In his role as health officer for Public Health - Seattle & King County, Dr. Duchin has

risen to national prominence. An epidemiologist and an infectious disease physician, Dr. Duchin used his position not only to provide the public with clear, science-based information, but also to shine a light on health inequities exacerbated by the pandemic. Dr. Duchin is a winner of WSMA's 2020 Grassroots Advocate Award for his informed, articulate, and committed advocacy work.



Scott Lindquist, MD.

The former health officer for the Kitsap Public Health District and the current state

epidemiologist for communicable diseases, Dr. Lindquist has helped lead multiple facets of the COVID-19 public health response, including testing, treatment, coordinating with local health officers, tribal health centers, and health care. Dr. Lindquist has also led surge activities by assisting local public health in testing, case

contact investigation, and health care response.



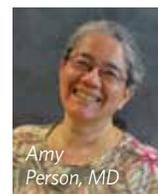
Anthony Chen, MD

Other counties soon saw their own struggles with COVID-19 and the emergence of their own public health heroes.



Teresa Everson, MD

Those include **Anthony Chen, MD**, director of health at Tacoma-Pierce County Health



Amy Person, MD

Department and chief health strategist for Pierce County; **Teresa Everson, MD**, public health officer for

Yakima County, the state's second hotbed for COVID-19 cases; and **Amy Person, MD**, health officer for the Benton-Franklin Health District and the Klickitat County Health Department and immediate past president of the Washington State Public Health Association.

During an exceedingly challenging public health crisis, all of our public health officers across the state are heroes. Thank you for your service to keeping Washington's communities healthy.



Advocacy



Donna Smith, MD. Past president of the WSMA and medical director at Virginia Mason in Seattle, Dr. Smith is well known and respected, which helped facilitate her ability to jump into the political fray on behalf of the WSMA during discussions on issues

such as the state’s non-urgent procedure delay order and appropriate use of personal protective equipment. Her help in persuading the Legislature to extend the COVID-19 proclamations was key to WSMA’s success in providing the state’s health care professionals with the support they needed during the crisis. For her tireless work on behalf of the state’s physicians, Dr. Smith is a winner of WSMA’s 2020 Grassroots Advocate Award.

Dr. Smith is well known and respected, which helped facilitate her ability to jump into the political fray on behalf of the WSMA.

Telehealth



John Scott, MD. Officially the medical director for digital health at UW Medicine in Seattle, Dr. Scott is unofficially the Washington state telehealth czar. After participating in years of legislative negotiations that helped establish Washington as a leader in telehealth policy, Dr. Scott chairs the Washington State Telehealth Collaborative, which is charged with advancing excellence and innovation in telehealth for all Washington communities. During the pandemic, he worked tirelessly to support physicians who were transitioning care to telehealth, helping them stay connected with their patients and helping their practices stay afloat. For his own staff, Dr. Scott guided UW Medicine through its explosive growth in the use of telemedicine during the

pandemic, from training physicians in all 45 specialties to establishing home monitoring for patients recovering from COVID-19. Dr. Scott is a winner of WSMA’s 2020 Grassroots Advocate Award for his advocacy work in telehealth.

Trailblazers



George Diaz, MD. Chief for infectious diseases at Providence Regional Medical Center in Everett, Dr. Diaz treated the nation’s first confirmed

COVID-19 case, a Seattle-area man who had recently returned from China, alerting the medical community to the reality that COVID-19 was spreading globally. Dr. Diaz had guided the hospital through a pandemic drill just three weeks earlier and oversaw admitting the patient

to an isolation unit within two hours after the CDC confirmed that he had the virus.



Francis Riedo, MD. An infectious disease specialist at EvergreenHealth in Kirkland, Dr. Riedo had the wisdom to do the first test for the

COVID-19 virus in a hospitalized patient in Washington state. He had to scramble to contain the virus in his ICU, hospital, and community. He was responsible for

reverse airflow rooms, PPE, screening protocols for 5,000 employees, employee testing, rotating shifts, daily communication to staff, press statements, and now is conducting one of the first trials for a COVID-19 vaccine.

“Frank was living a nightmare scenario with the exposure and staff and number of patients,” Dr. Baliga said. “He was the voice of pragmatism. He was having to navigate the reality of it early on in a horrific, dramatic way. [The Evergreen leadership] rose to the challenge and are a great example of what can be done.”

Logistics



Michael Myint, MD.

As physician executive for population health at MultiCare in Seattle, Dr. Myint has provided thoughtful guidance on hospital efforts to provide personal protective

equipment. He set up a PPE inventory and sharing program that would allow hospitals to access and to share PPE. Health care systems received many donations, but sometimes only small numbers. By aggregating the available inventory, one institution would be able to have enough supply of that mask to adequately fit, test, and protect that cohort of staff.

Mental Health



Avanti Bergquist, MD, MS, FAPA. A child and adolescent psychiatrist with the Eating Recovery Center of Washington in Bellevue, Dr. Bergquist has been a constant and consistent source of information for

physicians and parents to help children deal with difficulties related to the pandemic. A distinguished fellow of the American Academy of Child and Adolescent Psychiatry, Dr. Bergquist also is vice president of the Renton School Board and has been an advocate for schools providing mental health support to students as they return to the classroom.

Volunteerism



Lucas Hansen, MD, emergency room physician at Providence St. Peter Hospital in Olympia. Early in the pandemic, Dr. Hansen responded to New York Gov. Andrew Cuomo's plea for health care workers

from across the country to go to New York to help. He spent two weeks treating patients at Elmhurst Hospital in Queens, a hospital described by The New York Times as "the epicenter of the epicenter" of the COVID-19 epidemic in New York City. On his return to Washington state, he shared lessons learned with fellow physicians. Dr. Hansen's example of commitment and caring is echoed by the thousands of health care professionals in Washington state and across the nation who have put their own health at risk to care for COVID-19 patients.



Research



Lisa Jackson, MD, Kaiser Permanente Washington Health Research Institute in Seattle. Dr. Jackson is the principal investigator for a National Institutes of Health-funded investigational vaccine for SARS-CoV-2. Their Phase 1, dose-escalation, open-label trial of the mRNA-1273 vaccine was

held in March; it included 45 healthy adults who received two doses 28 days apart. It was successful in producing an immune response in all participants evaluated. In July, Dr. Jackson and her team reported on the results of their trial in the New England Journal of Medicine. Following the report, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, told the Associated Press, "No matter how you slice this, this is good news." The study has now moved forward to a 30,000-person trial to determine if the vaccine is effective.



Alison Roxby, MD. An assistant professor of global health and medicine at the University of Washington in Seattle, Dr. Roxby received national attention on how a study team prevented a COVID-19 outbreak in an assisted living community by testing and surveying all the staff and residents

and implementing stringent social distancing, sanitation, and other prevention measures. The CDC's Morbidity and Mortality Weekly covered Dr. Roxby's study; she spoke with Rachel Maddow on MSNBC on the importance of the research findings, as a high percentage of coronavirus deaths have been associated with community spread in senior living facilities.



“This group is part of a much larger group of people trying to deal with this [virus].” —CHRIS BALIGA, MD

Infectious disease physician “superheroes”

In the last days of February, a group of King County infectious disease physicians began a furious email string about the guidance coming from the Centers for Disease Control and Prevention and what they were facing in their respective hospitals. It quickly became an unofficial peer support group of physicians. But it was much more than that, Dr. Baliga said.

“Our entire infection prevention plan—precautions we were using for people with COVID, deciding who gets the respirators, what to do as you run out of various parts of PPE, what to do when your staff is exposed—is based off this group, especially early on when the guidance was very vague or didn’t work. ... In the first few months, we had this scenario where we were really the front-line team trying to help navigate the CDC and public health guidance and directing it back. This group was instrumental in that.”

Together, they were selected as winners of WSMA’s William O. Robertson, MD, Patient Safety Award, which recognizes patient safety initiatives in the ambulatory care setting. They are:

Chris Baliga, MD, medical director

for infection prevention, Virginia Mason in Seattle.

Peter Hashisaki, MD, infectious disease specialist, Overlake Medical Center & Clinics in Bellevue.

John Lynch, MD, medical director of infection control and prevention, Harborview Medical Center/University of Washington in Seattle.

John Pauk, MD, MPH, infectious disease specialist, Swedish Center for Comprehensive Care in Seattle.

Francis Riedo, MD, infectious disease specialist, EvergreenHealth in Kirkland.

Olympia Tachopoulou Stafford, MD, infectious disease specialist, Franciscan Infectious Disease Associates at St. Joseph in Tacoma.

Danielle Zerr, MD, MPH, infectious disease specialist, Seattle Children’s; division chief of pediatric infectious diseases at the University of Washington in Seattle.

Dr. Baliga was quick to point out that the King County ID doctors are far from being alone in their efforts to fight the virus. Dr. Riedo cited the work of **Mark Johnson, MD**, an infectious disease specialist with Confluence Health in Wenatchee. Dr. Johnson “has been instrumental working with health



Chris Baliga, MD



Peter Hashisaki, MD



John Pauk, MD, MPH



Olympia Tachopoulou Stafford, MD



Danielle Zerr, MD



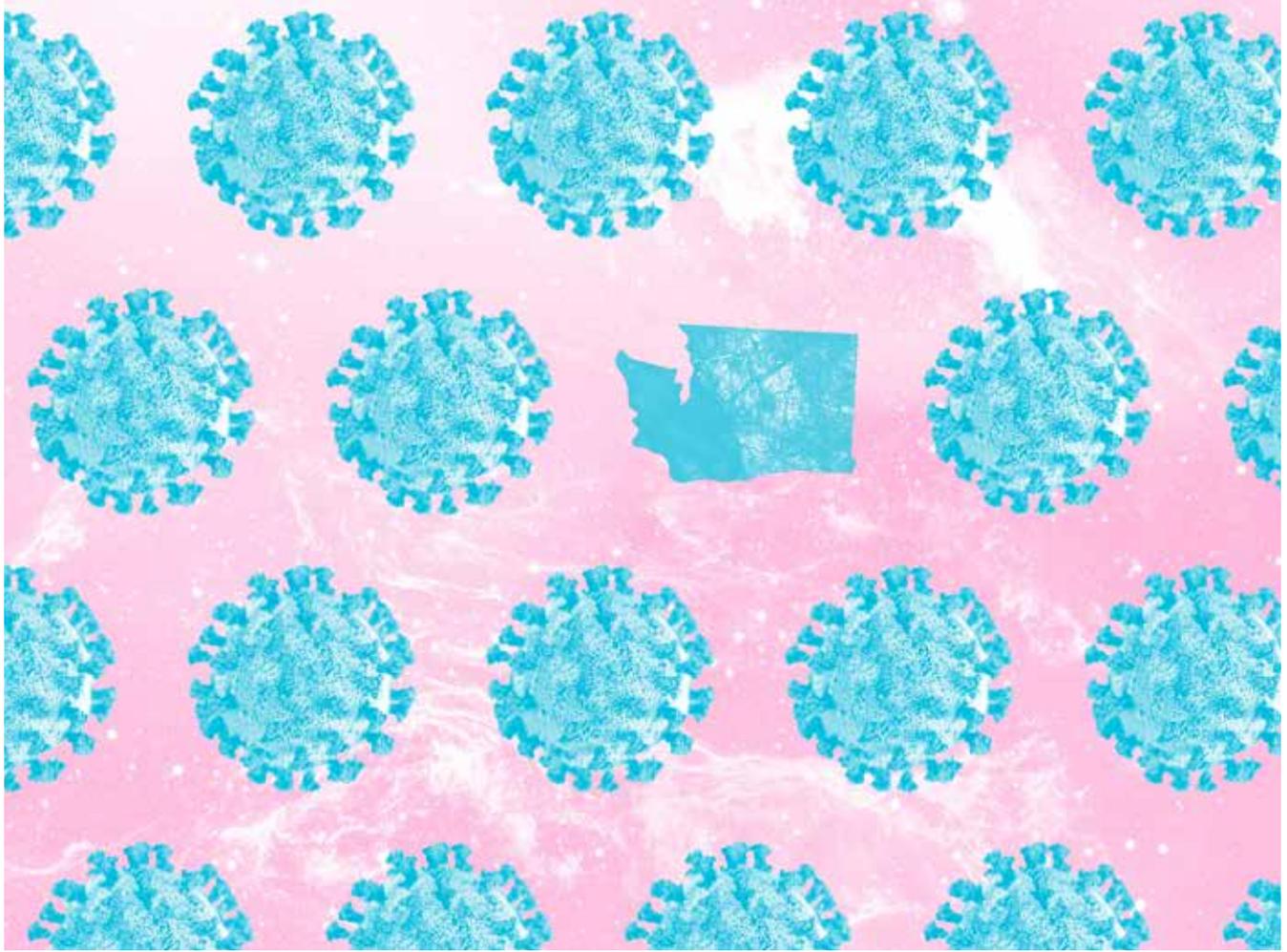
Mark Johnson, MD

care providers in Central Washington to provide both clinical care and the public health messaging needed to stem the tide of new patients,” Dr. Riedo said.

Indeed, physicians are working together at unprecedented speed to bring the virus under control.

“Part of the messaging,” Dr. Baliga said, “is that this group is part of a much larger group of people trying to deal with this.”

Pat Curry is senior editor of WSMA Reports.



WSMA Responds to COVID-19

Behind the association's mobilization efforts.

BY RITA COLORITO

Shortly after the Centers for Disease Control and Prevention confirmed the first U.S. coronavirus case in Snohomish County on Jan. 20, officials from the Washington State Department of Health reached out to the WSMA. At the time, the DOH had minimal information to share.

Jennifer Hanscom, WSMA's executive director/CEO says she appreciated the heads up. "I remember thinking, 'Oh, that's good that they're informing us, but it sounds like it's well controlled,'" she says.

In late February, Hanscom received another call from DOH, this time more urgent. Coronavirus was racing through the Life Care Center in Kirkland. "They told us they were mobilizing an information center to deal with COVID-19," says Hanscom. "That's when I knew, 'Wow. This is it. This is going to be big.'"

Within weeks, Washington state had become the U.S. coronavirus epicenter. On March 11, the World Health Organization formally declared COVID-19 a global pandemic. The WSMA found itself on the front lines of helping its members manage a novel coronavirus with little understanding at the time of how the virus spread or how to contain it.

"We quickly realized that we have to be the eyes and ears for our physician members," Hanscom says. "We also had to make sure patients felt informed and safe. We wanted to be a trusted voice for them as well."

Getting the word out

The WSMA's first order of business was keeping members and the public informed in real time. That meant sifting through an overload of constantly changing—and often conflicting—medical information. Most of this

was done virtually, as the association encouraged its staff to work remotely beginning on March 10.

“We realized we needed a physician lens on this, so that we could understand the clinical implications,” says Hanscom. To accomplish this, WSMA’s executive committee met virtually at 7 a.m. every Wednesday. Consensus was then shared with WSMA members and other public health stakeholders.

Armed with clear, science-based information from the state’s physician leaders, Hanscom managed a response she described as “fast and furious.” Association staff often worked late into the night and on weekends. “I was counting on my team to be available 24/7, to make sure we were getting accurate information,” she says.

“Fast and furious” is an appropriate way to describe the level of activity, says Jessica Martinson, WSMA’s director for continuing professional development.

“I remember having four concurrent meetings on my calendar and trying to be at one of them on my cell phone and one on my computer simultaneously,” she recalls. “It was this huge flurry of activity.”

Email blasts were sent to every physician and physician assistant in the state, regardless of membership, as well as to county and specialty medical societies, and to the CEOs and CMOs of clinics, hospitals, and hospital-based medical groups. The WSMA also updated its website with the latest information and conducted outreach through press releases, contacting reporters, and using social media, particularly Twitter.

To reinforce emerging best practices and tackle misinformation, the association coordinated messaging with the Public Health - Seattle & King County, the University of Washington, and Virginia Mason. “From a public health perspective, it was important we were all saying the same things,” says Hanscom.

Managing public health

That coordination was critical; in the early days of the pandemic, COVID-19 mitigation efforts were scattershot. Lacking guidance from the federal government, Washington state and the WSMA were left to figure things out on their own.

On March 6, Martinson went to EvergreenHealth in Kirkland to teach a

“We quickly realized that we have to be the eyes and ears for our physician members. We also had to make sure patients felt informed and safe. We wanted to be a trusted voice for them as well.” —JENNIFER HANSCOM

scheduled course to certify advance care planning facilitators. (Health care systems would come to rely on such planning to help elderly patients navigate end-of-life decisions precipitated by COVID-19). This was before the now-standard practice of wearing masks.

“We wrestled with whether we had any business being there,” says Martinson. EvergreenHealth had registered the state’s first COVID-19 death on Feb. 28. Most of the Life Care Center cases had been taken there. The hospital was quickly becoming ground zero for COVID-19 deaths.

Martinson focused on making the class as safe as possible, ensuring social distancing, and providing hand sanitizer. “Everyone was cool-headed, but you could tell they were under intense pressure,” she says. “But we weren’t talking about rationing ventilators yet. We weren’t in that mindset at all. It wasn’t part of the national conversation,” says Martinson.

By mid-March, WSMA’s executive committee had reached a stunning conclusion: The state could run out of ventilators, beds, and personal protective equipment. The WSMA sent an urgent letter to Gov. Jay Inslee advocating for the shutdown of non-urgent medical procedures—a step that the University of Washington Medical Center and Swedish Health Services had already taken.

The governor quickly followed the medical community’s advice. On March 19, he announced restrictions on non-urgent medical and dental procedures, which remained in effect until May 18.

WSMA members also began raising the alarm that “business as usual” was a threat to public health. They were adamant the

state shut down non-essential businesses and gatherings, says Hanscom.

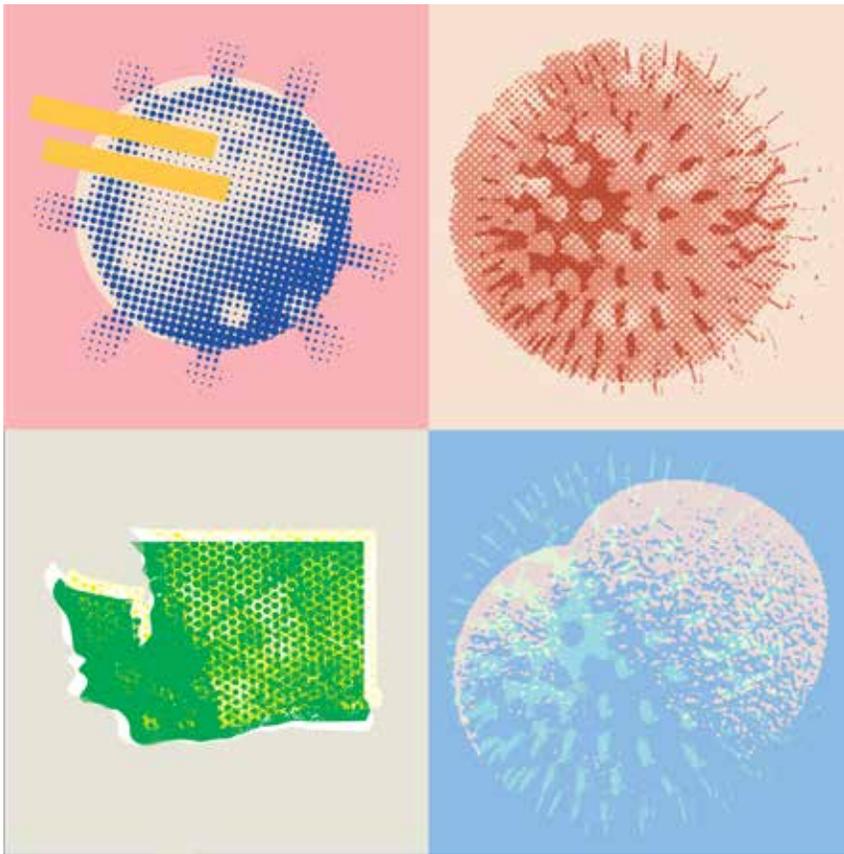
In response, the association submitted another letter to Gov. Inslee. WSMA’s members were part of the catalyst for Inslee’s “Stay Home, Stay Healthy” orders, which went into effect on March 25 and include a four-phase, county-by-county “Safe Start” reopening plan.

Tackling legislative issues

The state’s legislative session, which ended on March 12, was in its waning weeks as the virus became the top priority. The Legislature scrambled to appropriate \$200 million in state budget reserves to fund the pandemic response. WSMA negotiations on other issues took a back seat as it grappled with a host of shutdown-related issues, says Sean Graham, WSMA’s director of government affairs.

“We had calls with each member of our state’s congressional delegation to update them on what was happening in our physician community,” says Graham. Legislative priorities included ensuring sufficient personal protective equipment for physician clinics, creating flexibility around the state certificate of need laws and physician licensure law, and ensuring appropriate liability protections for care that was delivered or delayed during the pandemic. The WSMA focused on how members could keep patient care front and center.

Ensuring payment parity for telemedicine, long a WSMA priority, became even more essential, says Jeb Shepard, WSMA’s director of policy. In fact, the legislative session ended with WSMA achieving long-fought success in the creation of the Washington State Telehealth Collaborative. It requires



insurance carriers to pay for telehealth services if they reimburse providers for face-to-face service.

“That piece of legislation was signed by the governor in early April, but the issue was it wasn’t effective until January 2021,” says Shepard. With the legislative session over, the WSMA had to get creative to get telehealth covered in 2020.

“We urged the Office of the Insurance Commissioner and the governor’s office to take whatever action was in their emergency authority to implement payment parity,” says Shepard. In Washington state, the governor can strike out portions of a legislative code, but can’t add to them, explains Shepard. To get telehealth payment parity immediately, Gov. Inslee struck out the effective date of the law that had just passed.

“That unleashed a proliferation of telemedicine and we saw a rapid transition to telehealth among smaller and mid-sized practices,” says Shepard.

By May, the medical community had a better understanding of COVID-19 and how to mitigate spread of the virus. The WSMA began hearing from members that the shutdown of non-urgent procedures was hurting their economic viability.

It was also taking an emotional toll, as physicians had to furlough personnel to keep their practices solvent.

The WSMA worked with the Washington State Hospital Association, Washington State Nurses Association, and the Ambulatory Surgery Center Association to help clarify Gov. Inslee’s proclamation on non-urgent procedures so that physicians could use their clinical judgment without fear they were breaking the law.

Going forward

With a handle on the logistics of COVID-19, the WSMA began shifting its focus to physician well-being. In April, Martinson conducted a five-part webinar series to help members discuss what it means for patients with serious underlying conditions who develop COVID-19. “These are really hard conversations for physicians to have, but they’re necessary,” says Martinson. More than 500 members participated. The association also conducted webinars on telehealth and communicating under stress and hosts the COVID-19 Grand Rounds series.

“We were hearing from our members that they were under enormous pressure

and that they were not getting the support they needed,” says Martinson.

The WSMA reached out to several employee/physician assistance programs in the state. “We wanted to make sure our members had access to professionally trained mental health experts,” says Martinson. The association also connected members to resources that could facilitate group debrief sessions. This was separate from WSMA’s work on physician burnout.

“Everyone’s grappling with COVID-19; some were more directly impacted than others,” Martinson says. “Front-line physicians may experience trauma and are susceptible to PTSD. So, it’s not just a matter of being resilient and having good workflow.”

The WSMA also facilitated weekly Zoom meetings for ICU and critical care physicians to share their experiences. About 30 regularly attend these now-monthly virtual meetings.

Both the WSMA and Washington state are preparing for the uncertainty of the fall and winter months, and the association’s work to promote an evidence-based approach to the pandemic is far from over. In September, in a necessary, but previously unfathomable move, WSMA corrected CDC misinformation.

“We had to explain to our members that Washington state isn’t following CDC guidelines on COVID testing because those guidelines don’t follow the science,” says Hanscom.*

Retired Navy Vice Adm. Raquel Bono, MD, state director for COVID-19 Health System Response Management, has convened a series of pandemic-focused working groups. WSMA’s secretary-treasurer, Nariman Heshmati, MD, has participated in working groups on personal protective equipment and contact tracing.

“Our work is still continuing,” Hanscom says. “It’s just happening in a more organized, less frantic fashion.” ■

* On Sept. 18, the CDC reversed its guidance and recommended that people without symptoms who have been in close contact with an infected person need to be tested.

Rita Colorito is a freelance journalist who specializes in covering medicine and health care. She is a regular contributor to WSMA Reports.



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Telehealth Informed Consent Tips for Physicians

Is written informed consent necessary?

BY PHYSICIANS INSURANCE



Since state requirements vary, it is important to know the regulatory requirements for your state(s) of practice, as well as for the state of residency for your patient. It is standard practice to obtain written patient consent for medical care. For telehealth, informed consent should include patient education about telehealth and how it differs from an in-person visit.

A single consent form may be used for multiple visits unless the physician or provider changes. At that time, the patient should sign a new form. Otherwise, it is recommended that a new form be signed annually.

Patient communication should include information on the unique characteristics of telehealth services, such as:

- Technologies used, including their capabilities and limitations.
- Potential technical problems that may occur, and what to do if an issue arises.
- Agreement that telehealth is appropriate for care.
- Available alternatives to telehealth.
- Credentials of the practitioners involved.

Sample Consent Forms

Search the resource library at phyins.com/resources or visit phyins.com/covid19 to download the following sample consent forms:

- Telehealth Informed Consent for Patient at Home
- Telehealth Informed Consent Onsite Visit with Second Provider

Be sure to set realistic expectations regarding the scope of service, who will be present during the appointment, billing and prescribing policies, and follow-up communications.

What are the technology risks?

As most of us have probably experienced during remote meetings or webinars, technology does not always work as intended. Problems can occur for the physician, the patient, or both. Some of the technology risks include:

- Transmission errors and lost connections in audio and/or video.

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- Limitations and/or failure of equipment.
- Limitations to privacy and/or security.
- Inability to use multimedia commonly used in the office, such as an educational resource.

How should I obtain patient consent?

Obtain patient consent prior to the telehealth visit. Have your informed-consent document translated into commonly used languages. Determine if it is necessary to arrange a translator for a telehealth visit.

Documents may be exchanged through:

- The patient portal.
- Electronically, either via secure email or facsimile.
- Standard USPS mail.

Ensure receipt of the signed form. The completed documentation should be included in the patient's medical record. If a patient is unable to return a signed electronic confirmation, document that the consent was reviewed with the patient, the patient was unable to respond electronically, and verbal consent was obtained. If possible, have a second staff member listen and attest as a witness. ▾

This article is provided for general informational purposes only and should not be construed as legal advice.



More Telehealth Resources

Visit the resource library or COVID-19 resource page at phyins.com for more helpful information, such as:

- [Telehealth Modifying Requirements in Response to COVID-19](#) from the Federation of State Medical Boards
- [Best Practices in Videoconferencing-Based Telemental Health Guide](#) from the American Psychiatric Association and American Telemedicine Association
- [Telemedicine Risk Management Considerations](#) from the American Society for Health Care Risk Management
- [AMA Telehealth Implementation Playbook](#) ▾

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Russell Migita, MD



Nicholas Meo, MD

The first class begins in February. This hybrid course (a combination of live online meetings plus online works-in-progress sessions) will be led by **Russell Migita, MD**, a practicing physician and the clinical director in the emergency department at Seattle Children's, and **Nicholas Meo, MD**, a hospitalist and the associate medical director for quality and safety at Harborview Medical Center in Seattle.

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BY THE NUMBERS

Communication During Crisis

WSMA communications during COVID-19 focused on supporting physicians and the public.

During the initial months of the pandemic, the WSMA shifted its communication strategies to assist the physician community with its COVID-19 response, and to demonstrate the value of WSMA advocacy and membership. Reflecting the increased urgency of our state's health care response, the WSMA increased the frequency of its communications across channels, narrowed its subject-matter focus, and expanded its target audience to include non-members. Coupled with an increase in attention from patients looking for trusted health information, the WSMA saw large jumps in traffic across its digital communications channels. ▀

100%

Increase in traffic to WSMA's website during the months of March-June.

358%

Increase in social media traffic during the months of March-June.

33

Number of COVID-19-related news stories featuring the WSMA published during the months of March-June.

13

Number of COVID-19 public service announcements produced by the WSMA to date.

9,200

Total number of views to date of WSMA's first COVID-19 public service announcement, "What your doctor wants you to know about coronavirus."



Social Media— Health Care Tool or Marketing Accessory?

Rethinking our social media structure.

BY MATTHEW REHRL, MD

It's clear that COVID-19 disproportionately impacts certain ethnic and racial groups, and the Hispanic population is no exception. As of August, the Centers for Disease Control and Prevention states that Hispanic people are 4.6 times more likely than their white counterparts to be hospitalized from COVID-19. In Washington state, the Hispanic population comprises 30% of all COVID-19 hospitalizations, despite making up only 14% of the state's population.

So—considering the ubiquity of social media—are Washington state's larger regional health care organizations using social media to reach out to the Hispanic population?

The answer is probably not.

Using Twitter as a proxy metric for the social media digital platforms, and Spanish-language content as a marker of direct Hispanic engagement, I recently did a preliminary review of approximately 1,450 combined tweets/retweets from Washington's top 11 hospitals (per U.S. News and World Report) plus the top five health insurers (by market share) where I found there were less than five tweets in Spanish over 85 days.

Less than five tweets over 85 days. During a pandemic.

This lack of Spanish-language outreach via social media is particularly odd since both the CDC, which has a wonderful Spanish-language Twitter account (@CDCespanol) that is chock-full of helpful COVID-19 information, and the Washington State Department of Health Twitter account (@WADeptHealth), which regularly tweets COVID-19 information in Spanish, are both freely available for everyone to leverage.

We can experiment with social media as a direct COVID-19 health care interventional tool, rather than just a marketing accessory.

But, despite having these trusted COVID-19 social media resources in Spanish, and directly understanding the vulnerability of the Hispanic community to COVID-19, why aren't these large leading hospitals and insurers being more aggressive leveraging these resources?

My hypothesis? It's a structural issue.

Specifically, in most of these health care organizations, social media is managed by the marketing department, which organizationally usually reports to the CEO or COO—not the medical director.

And the significance of this reporting structure? It's likely most of these marketing departments see their principal functions as brand protection, community public relations, and new patient capture—not as a direct patient health care intervention.

In other words, the marketing departments of Washington state's health care organizations retweet the Seattle Kraken and Sounders more than they retweet the Spanish-language COVID-19 resources of the CDC and the Washington State Department of Health.

And you know, in normal times, health care marketing departments focusing on branding and community public relations probably would be just fine.

But these are not normal times.

In these times, tweeting CDC COVID-19 information in Spanish, coordinating social media efforts about mask-wearing with our local Native American tribes, or jointly streaming on Facebook Live with local African American thought leaders about vaccine hesitancy are all possible ways we can experiment with social media as a direct COVID-19 health care interventional tool, rather than just a marketing accessory.

Simply put, we need to look at our organization's structural preconceptions—such as social media as a tool for brand protection—and consider other possibilities, such as social media as a tool to reach out and directly help our more vulnerable communities. ▀

Matthew Rehrl, MD, is a retired urgent care physician who currently serves on the Mayo Clinic Social Media Advisory Board.

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