



## Chiropractic Quality Assurance Commission Newsletter January – April 2015 Edition

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## Welcome to the Chiropractic Quality Assurance Commission Newsletter

Our newsletter's purpose is to help inform the chiropractic community of issues related to Washington State chiropractic [laws](#) and [rules](#), and the work of the [Chiropractic Quality Assurance Commission](#) (Commission).

### Message from the Chair – Gabe Smith, DC, DACBR

The Commission has worked hard over the past year and a half gathering information and collecting data to move forward in the pilot project. Four work groups, budget, administrative, legal, and investigative, are in place and closely interact with management from the different service units within the Department of Health (Department). The workgroups monitor budgets and performance measures of the various service units to identify services the Commission might perform more efficiently and cost effectively. Within the coming year, the Commission will use the recommendations of these workgroups to improve our services to the public and the profession. .

The Commission staffed an information table at the recent Washington State Chiropractic Association's annual conference in SeaTac. Many conference attendees visited our table and received information regarding the new legislative mandate for continuing education (CE) in patient suicide screening and referral. The rules adopted by the Commission require that all chiropractors attend a one-time, three-hour training course in suicide screening and referral. Read more information about the new CE requirement on page seven of this newsletter under "Department of Health News."

As the Commission moves into the coming year, we will be reviewing all of current chiropractic rules in [WAC 246-808](#), -to bring the rules to a more contemporary status. The process will take considerable time and effort, but will result in rules that are more closely aligned with the chiropractic practice today.

### Welcome New Commissioner

Kimberly Corbin-Waters, DC was appointed to the Commission on September 15, 2014. She replaces Dr. Ron Rogers, as he completed two terms on the Commission. Dr. Corbin-Waters has been licensed for 15 years and practices in Renton.

### Governor

The Honorable Jay Inslee

### Department of Health

John Wiesman, DrPH, MPH, Secretary

Bob Nicoloff  
Executive Director

[Leann Yount](#)  
Program Manager

Vacant  
Program Representative

### Commission Members

Gabe (Gary) Smith, DC  
Chair

Matthew Waldron, DC,  
Vice Chair

Aaron Chan, DC

David Folweiler, DC

Winfield Hobbs, DC

Bryson Langel, DC

Douglas Long, DC

Ronwynn Pratt, DC

Harold Rasmussen, DC

Robert Schmitt, DC

Kimberly Corbin-Waters, DC

Judy Colenso,  
Public Member

James Slakey,  
Public Member

Louise Stephens  
Public Member

## Electronic Health Records

Robert Schmitt, DC

Today's drive towards [electronic healthcare records](#) (EHR) has certainly outpaced the rules and regulations at the state level that govern the retention and maintenance of the healthcare records. Some questions arise when considering EHR and record retention in the arena of back-ups. Is an internal back-up sufficient, internal and external, or a combination of internal, external, and off-site back-up? Patient records can literally be lost with a power surge, virus infecting the computer, or a break-in which the computers are stolen. In the days of paper records, it was unthinkable that a thief would break into your facility and steal every patient record. However, with EHR this is a real possibility; electronic equipment is easy to grab and easily sold by a thief. This brings a new challenge to record retention and consideration of what best practices are for electronic information storage.

It is also important to review the RCW and WAC that govern records and retention. The length of time that records are to be maintained can vary based upon state law, agency rule or policy, and/or insurance company. These are [WAC 246-808-560](#) Documentation of Care, [WAC 246-808-650](#) Records and X rays and Withdrawal From Practice—Maintenance and Retention of Patient Records, the Medical Records Act [Chapter 70.02 RCW](#), specifically [RCW 70.02.160](#) the Retention of Records and [RCW 70.02.080](#) Patient's Examination and Copying — Requirements, Department of Labor and Industries rules [Chapter 296-20 WAC](#), and the Office of the Insurance Commissioner's [laws and rules](#). While none of these rule specifically mention EHR they do encompass the Doctor's responsibility for record retention, maintenance, and reproduction.

State laws generally govern how long medical records are to be retained. However, there are also federal rules to consider when using EHR. The [Health Insurance Portability and Accountability Act](#) (HIPAA) of 1996 administrative simplification rules require a covered entity to apply appropriate administrative, technical, and physical safeguards to protect the privacy of medical records and other protected health information (PHI) for whatever period such information is maintained by a covered entity, including through disposal. The [Privacy Rule](#) under 45CFR164.530 (c) is available on the Internet.

The Medicare program does not have requirements for the media formats for medical records. However, the medical record needs to be in its original form or in a legally reproduced form, which may be electronic, so that medical records may be reproduced upon request.

On August 23, 2012, the CMS released the final rule for the Stage 2 measures for EHR. The Stage 2 core measures have a nearly identical requirement for a security risk analysis. But the Stage 2 core measure expands on the requirement placing added emphasis on encryption. The Stage 2 core measure for a security risk analysis in its entirety states:

*Conduct or review a security risk analysis in accordance with the requirements under [45 CFR 164.308\(a\)\(1\)](#), including addressing the encryption/security of data stored in CEHRT in accordance with requirements under [45 CFR 164.312\(a\)\(2\)\(iv\)](#) and [45 CFR 164.306\(d\)\(3\)](#), and implement security updates as necessary and correct identified security deficiencies as part of the provider's risk management process. We should keep in mind that this requirement is simply restating and reinforcing the encryption requirement found in the HIPAA Security Rule under the standard for access control ([45 CFR 164.312\(a\)\(2\)\(iv\)](#)).*

What this means is that a longstanding, but possibly unclear, requirement to encrypt data at rest is now receiving a great deal of well-deserved attention.

Simply put, encryption is a technique to prevent access to sensitive data by replacing the sensitive plain text data with illegible cipher text. The plain text is altered by a computer program to make it unreadable, creating the cipher text. Only the cipher text is stored on the computer. Decryption is the technique of using a computer program to reconstruct the plain text from the cipher text. A few years ago databases were commonly kept in a Microsoft access format that could be read without the software that created the database. Now most databases are SQL or more complex encryption.

So clearly our stored and backed up EHR needs to be encrypted. This brings up some considerations when choosing a EHR program and backup system. Some EHR programs provide encryption. This is great unless you decide to switch EHR software, or the EHR company goes out of business or stops supporting your software. This becomes a bigger issue with a cloud-based system because you do not have a physical copy of the software that created the cypher and therefore cannot access the EHR if you decide to switch software or the company goes out of business. It is important to consider how you are going to access those records in these scenarios. Also there are programs that encrypt the database for you outside of the software that created the database if you are backing up a PDF or Microsoft access database and need to add encryption.

While there are no statutes that specifically outline a requirement for how often and how many back-ups are required, the doctor is responsible to retain and maintain the health care records per WAC 246-808-560 and 246-808-650. With regards to EHR, there is an internal back-up of the data base on the computer creating the database, external back up on a removable storage device that can be kept on site or off site, and cloud storage. A mixture of these provides redundancy and will cover most scenarios of fire, theft, and hardware failure.

## **National Board of Chiropractic Examiners (NBCE) Examinations**

Matthew Waldron, DC, Vice-Chair

The Washington State Chiropractic Quality Assurance Commission participates as a member of the [National Board of Chiropractic Examiners](#) (NBCE) and The [Federation of Chiropractic Licensing Boards](#) (FCLB). The NBCE is essentially the organization that serves as the intellectual property steward of the examinations used and administered within the chiropractic profession. The FCLB is an association of states' licensing boards, or Commissions, and it provides regulatory tools for its members.

The NBCE has developed and made available the Chiropractic College Aptitude Test (CCAT). This test is taken prior to going to chiropractic college and is similar to the Law School Admissions Test (LSAT), which is taken by post-graduate students considering law school. Anyone considering a professional career as a chiropractic doctor may want to consider the benefits of taking the CCAT.

The following is from the NBCE website:

*“The Chiropractic College Aptitude Test (CCAT) provides the prospective student and his/her chiropractic college with measures of ability in mathematics, biology, chemistry, and physics. The National Board of Chiropractic Examiners (NBCE) specifically designed CCAT as a tool for the student, in conjunction with academic counseling, to use in making academic decisions. CCAT is an important tool for a prospective student’s benefit because the results are highly correlated with success in chiropractic college.”*

Another examination that is significant to the chiropractic profession is the [Ethics and Boundaries Assessment](#) provided by Ethics and Boundaries Assessment Services (EBAS). This test is available as a tool to help assess chiropractic doctors when their state board or Commission has determined that there is a violation of certain laws or rules, and the ethics of the licensee have come into question. An example would be cases in which chiropractors' bill for services that were not rendered in an attempt to collect additional money for their own financial benefit. Each and every case that the Chiropractic Quality Assurance Commission receives is analyzed and assessed individually and on its own merits. In certain circumstances, the Ethics and Boundaries Assessment may also be used if a licensee accumulates multiple complaints and is a re-offender

The Ethics and Boundaries Assessment is a multi-part, written examination that requires the doctor taking the test to provide narrative responses to different adverse or ethically challenging scenarios. The NBCE has improved access to this test by making it available in multiple independent testing centers six days per week. In Washington State, there are now four or five locations where the examination is available, where in the past doctors would have to travel out of the area in order to take the examination.

Currently the Ethics and Boundaries Assessment is only available to chiropractic doctors when sanctioned by a state Commission or board. There is a possibility that at some point in the future, the Ethics and Boundaries Assessment will become available in general to the profession. For example, it may be useful as a hiring tool when taking on associates in a practice.

## Disciplinary Actions

Information about healthcare providers is on the Department of Health's website. Select [Provider Credential Search](#) on the Department of Health home page ([www.doh.wa.gov](http://www.doh.wa.gov)). The site includes information about a healthcare provider's license status, the expiration and renewal date of his or her credential, disciplinary actions, and copies of legal documents issued after July 1998. You may also get this information by calling 360-236-4700. Consumers who think a healthcare provider acted unprofessionally are also encouraged to call and report their [complaint](#).

The Chiropractic Quality Assurance Commission has taken the following disciplinary actions, reinstated licenses, or withdrawn charges, against Washington State licensed chiropractors.

### Benton County:

**May 2014:** Probation ended for chiropractor **Scott Kelly Akridge** (CH00001581).

**May 2014:** Charged chiropractor **Kenneth J. Stanton** (CH00002176) with unprofessional conduct. Stanton allegedly violated a 2010 reinstatement order requiring him to have a female chiropractic assistant present while treating female patients.

### Clark County:

**August 2014:** Ended probation for chiropractor **Troy M. Dreiling** (CH00003052).

## **King County:**

**June 2014:** Charged chiropractor **Jeffrey M. Suver** (CH00033763) with unprofessional conduct. Allegations are that Suver used drugs and alcohol at work and admitted a growing dependence on controlled substances. He did not complete the enrollment process for a substance abuse monitoring program. In 2013 Suver was charged with driving while intoxicated, hit and run-attended vehicle, and reckless driving. In 2014 he was charged with violating the Uniform Controlled Substances Act.

**July 2014:** Ended probation for chiropractor **Shawn Gabriel Jonas** (CH00003146).

**August 2014:** **Greg Summers** (CH00034210), a Federal Way chiropractor, surrendered his credential to state health officials in response to charges of sexual misconduct. The legal process that started with the immediate suspension of his license in November 2012 is complete.

Summers inappropriately touched three patients and was later convicted of four counts of indecent liberties by a King County Superior Court on July 17, 2014.

## **Mason County:**

**August 2014:** Immediately suspended the license of **Norman Collins**, a Mason County chiropractor, on charges of diverting medications for personal use.

He allegedly took a patient's lorazepam, methadone, morphine, and oxycodone without permission. Collins is accused of taking controlled substances belonging to two of his friends. He has also been criminally charged in Mason County Superior Court with theft and unlawful possession of a controlled substance.

Collins cannot practice in Washington until the charges are resolved and has 20 days to respond to the charges and ask for a hearing.

## **Pierce County:**

**April 2014:** Entered into an agreement with chiropractor **Michael L. Milasich** (CH00000943) that requires him to pay a \$1,000 fine; pass an exam in ethics and professional boundaries; and complete continuing education in billing, recordkeeping and X-ray. Milasich had discrepancies in billing and treatment records for six patients. He did not comply with a 2011 requirement to pass an exam in ethics and professional boundaries.

**August 2014:** Charged chiropractor **Thomas Anthony Velickoff** (CH00034710) with unprofessional conduct. Velickoff allegedly touched a patient's pubic area, breasts, and buttocks without discussing, explaining, or documenting a clinical need.

## **Spokane County:**

**July 2014:** Ended conditions on the credential of chiropractor **Kevin L. Bond** (CH00001649).

## **Whitman County:**

**July 2014:** Charged chiropractor **Dirck Dewitt** (CH00001537) with unprofessional conduct. Dewitt allegedly did not keep adequate notes about a patient's treatment, and then failed to respond in a timely manner to an insurance company's request for copies of the treatment records.

## **Out of State:**

### **Montana:**

**July 2014:** Ended conditions on the credential of chiropractor **Philip F. Aumann** (CH00002040).

## **Commission Member Spotlight** **Harold Rasmussen, DC, DABCO, CCSP**

I am honored to be the first member of the Chiropractic Quality Assurance Commission asked to give a brief summary of my history as a chiropractor.

I graduated with the highest of honors from Western States Chiropractic College, now known as the University of Western States, in 1977. So, as I am sure you can do the math, I have been in practice for 37 years. After graduation, I took the position of assistant professor at Western State Chiropractic College and practiced part-time at Porti-Rasmussen Chiropractic Clinic.

In 1979, I moved back to my hometown of Seattle, Washington, and practiced as an associate at Irwin Chiropractic Clinic in West Seattle. In July of 1985, I purchased that clinic and shortly after changed the name to West Seattle Chiropractic Clinic. I have been the sole owner of this clinic ever since. Since I am an American Board of Chiropractic Orthopedics Diplomate, board eligible Diplomate of the American Board of Chiropractic Neurology, Certified Chiropractic Sports Physician, and certified in McKenzie's technique, my practice has been very symptom-based. Multiple techniques are used within the clinic at this time. I would probably fall under the classification of a diversified technique practitioner. I use a very wide variety of different techniques as well as rehabilitation exercises. I do a lot of extremity adjusting and rehabilitation as well.

I have professional memberships with the Washington State Chiropractic Association, American Chiropractic Association, and American Board of Disability Analysts. I am also an independent medical examiner for the state of Washington and a member of the Council on Chiropractic Orthopedics.

After practicing for approximately 37 years, I could not think of a better way to give back to my profession other than applying to become a member of the Chiropractic Quality Assurance Commission. My application was fortunately accepted in 2007 and I have been an active member since. It does sadden me to think that my term as Commissioner will end in June of next year.

I can honestly say that I have been rewarded over and over again for being part of this Commission. I was honored by serving as a vice-chair for two years and as chair for two more years.

It has been very heart-warming and educational to see such a diverse group of chiropractors with different philosophical beliefs, and public members, come together to work for the benefit of public safety. I feel privileged to have learned something from each and every Commissioner that I have come in contact with. I have gained a much more open mind to all chiropractic issues because of these encounters. I feel very blessed and would encourage more chiropractors to consider giving time back to their profession as I have.

## **Department of Health (Department) News**

### **New Continuing Education Requirement in Suicide Screening and Referral**

[House Bill 2315 \(Chapter 71, Laws of 2014\)](#)

**Effective Date: 6/12/14**

Legislation passed last year under [HB 2315](#) requiring health professionals to obtain continuing education (CE) in suicide assessment, treatment, and management. This bill requires disciplinary authorities, such as the Commission, to adopt rules to implement this legislation. However, the disciplining authority may approve only screening and referral elements if appropriate for the profession in question, and based upon the [profession's scope of practice](#).

After reviewing the chiropractic scope of practice, the [Chiropractic Quality Assurance Commission](#) (Commission) determined that all Washington State licensed chiropractors must obtain three CE hours in suicide screening and referral only. This is a one-time requirement.

The bill requires the CE in suicide screening and referral to be taken during the first full CE reporting period after the bill's effective date of June 12, 2014, or the first full CE reporting period after initial licensure.

The Department has developed a model list of vendors that offer this type of CE training as well as a list of frequently asked questions that may be helpful to you. The list is available at:

<http://www.doh.wa.gov/LicensesPermitsandCertificates/ProfessionsNewReneworUpdate/MentalHealthProfessions/SuicideAssessmentTreatmentandManagementCE/FrequentlyAskedQuestions>

The Commission doesn't pre-approve CE courses or providers as established in [WAC 246-808-155](#).

These hours will be counted as part of the 25 CE hour requirement for licensure renewal. The Commission is currently conducting rulemaking on [WAC 246-808-150](#) to include the approved CE category of suicide screening and referral.

## **Commission Composition**

The Commission is made up of 11 chiropractors and three public members all appointed by the Governor. Commissioner members may serve a maximum of two four-year terms. If you are interested in [applying for a position](#) on the Commission, or in learning more about Commissioner duties, please read the information on the website <http://www.doh.wa.gov/hsqa/Professions/Chiropractic/default.htm> or contact the program manager at 360-236-4856 or [leann.yount@doh.wa.gov](mailto:leann.yount@doh.wa.gov).

## 2015 Commission Meeting Dates and Locations

February 12, 2015	Doubletree by Hilton 415 Capitol Way N. Olympia, WA 98501
April 9, 2015	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
June 11, 2015	Department of Health – Creekside Two 20425 72 <sup>nd</sup> Ave. S., Room 309 Kent, WA 98032
August 13, 2015	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
October 8, 2015	Department of Health – Point Plaza East 310 Israel Road S.E., Room 152/153 Tumwater, WA 98501
December 10, 2015	Department of Health – Creekside Two 20425 72 <sup>nd</sup> Ave. S., Room 309 Kent, WA 98032

Do you have ideas or suggestions for future Commission newsletters? Is there something specific that you think we should address or include? Please submit suggestions to [leann.vount@doh.wa.gov](mailto:leann.vount@doh.wa.gov).