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Ms. Daidria Pittman
Program Manager
Washington State Department of Health
Medical Quality Assurance Commission
PO Box 47866
Olympia WA 98504-7866

Dear Ms. Pittman,

On behalf of the Washington State Radiological Society, thank you for the opportunity to submit comments on the proposed rule on suicide training, WSR 16-08-106.

The practice of radiology focuses on the reading and interpretation of technologically advanced screening such as MRIs, CTs and PET scans. The communication and interpretation for this testing is usually between physicians and most often there is limited or no contact between the patient and the radiologist. Due to that limited contact we would like to provide a possible definition for the "brief or limited patient contact" exemption pursuant to ESHB 2315. This comment also proposes a recommendation for self-attestation for both of the exemption options articulated under the bill – exemption from the training for "brief or limited patient contact," as well as for those professionals who have "minimum training and experience that is sufficient to exempt a professional from the training requirements."

ESHB 2315 concerning mandatory continuing medical education on suicide prevention passed in the 2014 legislative session. Among the many provisions of this legislation includes an exemption from the CME requirement for those practitioners who have "only brief or limited patient contact" and who have the "minimum training and experience that is sufficient to exempt a professional from the training requirements." The following are the relevant sections of the legislation:

- Sec. 2 (4) (a) states that "A disciplining authority may, by rule, specify minimum training and experience that is sufficient to exempt a professional from the training requirements…"

- Sec. 2 (4) (b) states that "A disciplining authority may exempt a professional from the training requirements of subsections (1) and (5) of this section if the professional has only brief or limited patient contact."

Defining "brief or limited patient contact":

We ask that the Commission consider adopting the definition of "brief or limited patient contact" below.

> "Brief or limited patient contact means contact with a patient for the purpose of performing diagnostic testing, investigations, single episodes of care, treatment or the act of primarily or exclusively engaging in research that does not involve direct patient care.

Brief or limited patient contact does not involve any other aspect of direct patient care including treatments, counseling, self-care, patient education, administration of medication or any ongoing care."

Additionally, HB 1424 concerning suicide prevention passed in 2015 allows certified registered nurse anesthetists to be exempt from the mandatory, one-time training. It is our understanding that this category of profession was exempted from mandatory training requirements because they have "brief or limited" patient contact. We ask that if a certified registered nurse anesthetist falls under this exemption, that you would broaden your scope to other professions such as radiologist who appear to be similarly situated.

Identifying those professionals with "brief or limited patient contact" through self-attestation:

We recommend that the Commission monitor compliance with the suicide prevention CME rule by providing an option for attestation by a physician at the time of license renewal. One choice would be for physicians to indicate exemption from the suicide CME training requirement if they fall under the definition of a professional with "brief or limited patient contact." A second choice would be for physicians to attest that they have completed the required CME training. The Medical Quality Assurance Commission currently allows a physician to attest to the completion of 200 hours of training every four years. We argue the option of attestation in the manner suggested above would be efficient, thorough, and consistent with the goals of administrative simplification and patient safety. Verification of the attestation regarding suicide prevention CME would be performed in a time and manner consistent with that in which the Commission verifies attestation related to the CME requirements.

Specifically, we agree with the WSMA suggestion that at every renewal cycle for a physician license, there could be the following options for a physician to choose from:

□ I have completed the required CME training for suicide prevention in accordance with _____ (RCW).

□ I have not completed the required CME training for suicide prevention in accordance with _____ (RCW).

□ I am not required to complete suicide prevention CME because I have only brief or limited patient contact as defined in _____ (WAC)."

Identifying those professionals with minimum training and experience through guidelines and attestation:

Section 2 (4)(a) allows a disciplining authority to specify "minimum training and experience that is sufficient to exempt a professional from the training requirements." We argue that the self-attestation option could be applied to those professionals who meet the Commission's designation as a professional who is deemed as already having the requisite training and experience on suicide prevention.

In order to prepare practitioners for self-attestation under this section, we recommend that the Commission establish guidelines outside of the rule making process for what would constitute "… minimum training and experience that is sufficient …" The development of guidelines would allow some flexibility and could avoid a rigid definition of training and experience; especially considering the nature of the issue being addressed through CME.

We welcome the opportunity to discuss the proposal further and look forward to working with the Medical Quality Assurance Commission on this issue.

Sincerely,

Eric Stern, MD
President
Washington State Radiological Society